GOVERNMENT OF
THE UNITED REPUBLIC OF TANZANIA

Ministry of Health, Community Development, Gender, Elderly and Children

STRATEGIC AND ACTION PLAN FOR THE PREVENTION AND CONTROL OF NON COMMUNICABLE DISEASES IN TANZANIA 2016 – 2020

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Abbreviations

BMC	Bugando Medical Centre
CONSENUTH	Centre for Counseling, Nutrition and Health Care
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
DALYS	Disability Adjusted Life Years
DANIDA	Danish International Development Agency
DCC	Drug Control Commission
DMFT index	Decayed, Missing, Filled, Teeth index
EPI	Expanded Program on Immunization
ERS	European Respiratory Society
FCTC	Framework Convention on Tobacco Control
GBD	Global Burden of Disease
HBV	Hepatitis B Virus
HPV	Human Papilloma Virus
IARC	International Agency for Research on Cancer
IEC	Information Education and Communication
IHI	Ifakara Health Institute
KASH	Korean Association on Smoking and Health
KCMC	Kilimanjaro Christian Medical Centre
MDM	Medicine Del Mundo
MEHATA	Mental Health Association of Tanzania
MEWATA	Medical Women Association of Tanzania
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MMED	Master of Medicine
MNH	Muhimbili National Hospital
MOHCDGEC	Ministry of Health Community Development Gender Elderly and Children community Development, Gender, Elderly and children

MOI	Muhimbili Orthopedic Institute
MTEF	Medium Term Expenditure Framework
MUHAS	Muhimbili University of Health and Allied Sciences
NCDs	Non Communicable Diseases
NGO	Non- Governmental Organization
NIMR	National Institute for Medical Research
NSGRP	National Strategy for Growth and Reduction of Poverty
ORCI	Ocean Road Cancer Institute
OSHA	Occupational Safety and Health Agency
PAL	Practical Approach to Lung Health
PASADA	Pastoral Activities and Services for people with AIDS in Dar es Salaam
RITA	Registration, Insolvency and Trusteeship Agency
RTA	Road Traffic Accident
SCD	Sickle Cell Disease
SP	Strategic Plan
TAF	Tanzania Asthma Foundation
TANCDA	Tanzania Non Communicable Diseases Alliance
TBS	Tanzania Bureau of Standards
TFDA	Tanzania food and drug authority
TFNC	Tanzania Food and Nutrition Centre
TPCA	Tanzania Palliative Care Association
TPRA	Tobacco Products Regulatory Act
TTCF	Tanzania Tobacco Control Forum
UICC	Union for International Cancer Control
WAMA	Wanawake na Maendeleo Foundation
WHO	World Health Organization

Foreword

The Government of the United Republic of Tanzania believes every Tanzanian citizen is entitled to a healthy life and attaches a top priority to matters related to health. Healthy people enable the country as a whole to attain accelerated development and achieve the sustainable development goals (SDGs) as agreed by other nations worldwide. This will ensure a high standard of living to its citizens, and realize a prosperous, modern and peaceful nation.

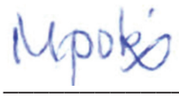
Previously the health sector priority has been on the fight against communicable diseases, which have imposed an immense burden on our society, while also improving hospital services both in terms of infrastructure, human resource development and delivery of high quality health services.

With the rising burden of non-communicable diseases, emphasis is now shifting from treatment or curative services to preventive services. Non-communicable diseases such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases now contribute about a third of all deaths in the country and are a source of an increasing disability in Tanzania. And while secondary causes may not always be documented, it does, however, lead to disability and increased need of physical rehabilitation service. The indicated new approach of focusing on prevention and control of non-communicable diseases marks the beginning of a new era on the provision of affordable health service while keeping equity and quality health services operational including those affected for life by chronic diseases and disability.

The major non-communicable diseases are chronic in nature and are all linked up by a group of common modifiable risk factors. This plan presents a concrete and well-coordinated raft of measures, which will assist the Government to holistically bring about substantial reduction in morbidity and mortality due to non-communicable diseases in Tanzania. This requires action both as a nation and on an individual basis.

Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is committed to provide leadership and support to bring together all the efforts of different partners and therefore appeals to all interested partners working in different action areas of their focus to collaborate and complement government's efforts in this fight against non-communicable diseases.

It is with pleasure that this strategy for the prevention and control of non-communicable diseases is hereby presented as a rock solid step for an increased emphasis on preventive services in Tanzania.



Dr. Mpoki M. Ulisubisya

Permanent Secretary

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Prof. Muhammad Bakari Kambi

Chief Medical Officer

Executive Summary

The purpose of this plan is to set a course for the Ministry of Health, Community Development, Gender, Elderly and Children, collaborating Ministries, other relevant Governmental and Non-Governmental Agencies, all interested partners and the public at large, to help achieve national goals for the prevention and control of non-communicable diseases (NCDs) in Tanzania.

The National NCDS Strategic Plan II (2016-2020) for the Prevention and Control of NCD has been prepared in response to the growing problem of NCDs in Tanzania. It is estimated that NCDs now account for 27% of all deaths.

The new Strategic Plan was developed after the previous Strategic Plan period ended. The same opportunity was used to incorporate results from STEP Survey and taking into consideration various guidelines and policy documents developed during this previous terms such as HSSP IV, BRN and SDG), WHO global action plan and Health Sector Strategic Plan IV of 2015-2020 and Global Sustainable Goals.

The WHO STEPS survey which was carried out in the country in 2012 showed that the levels of risk factors are high: current tobacco users (15.9%), current alcohol drinkers (29.3%), overweight and obese (34.7%), raised cholesterol (26%) and raised triglycerides (33.8%). The study also revealed a high prevalence of diabetes (9.1%) and hypertension (25.9%). Immediate measures are needed to prevent an increase in the burden of disease due to NCDs. NCDs are largely preventable and the long term solution for this impending crisis is to focus on prevention.

The plan builds upon the achievements already made by different stakeholders in tackling NCDs and the achievements made by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and its partners in implementing the 2009-2015 Strategic Plan for NCDs.

The plan highlights the government commitment to fight NCDs by involving all relevant stakeholders for a unified action in the fight against NCDs through prevention, detection and treatment. It emphasizes the need for investment in evidence guided cost effective approaches from policy, creating enabling environment to reduce population exposures to modifiable risk factors, to provision of quality health care to the individuals suffering from NCDs.

The plan is aligned with the 2016-2020 Global Action Plan for the Prevention and Control of NCDs and has a total of 4 objectives as listed below.

a. To Advocate for NCD prevention and control as a National Priority by 2020

b. To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020.

c. To strengthen and reorient health systems to address NCD though promotive, preventive, curative and rehabilitative services by 2020.

d. To strengthen national capacity for NCD surveillance, research for evidence based planning, monitoring and evaluation by 2020.

1 Introduction

1.1 Global Burden of Non Communicable Diseases

Noncommunicable diseases (NCD) are now a global growing problem, including Africa and in low-income countries like Tanzania. The NCD burden constitutes one of the major challenges to socioeconomic development as it causes a big burden to both the economy and to the health care systems.

NCDs accounted for an estimated 36 million deaths, or 63% of the 57 million deaths that occurred globally in 2008, comprising mainly cardiovascular diseases (48%), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%)(Alwan et al., 2010).

Global Mortality

- *About 36 million (63% of all 57 million) deaths in 2008 were due to NCDs*
- *About 80% of all NCD deaths in 2008 occurred in low- and middle-income countries*
- *About a half of NCD deaths in low- and middle-income countries are under the age of 70*
- *From 1990 to 2010 the proportion of all deaths and disability (DALYs) due to NCDs increased from 47% to 54%.*
- *Without intervention, NCD deaths will increase by 15% from 36 to 44 million between 2010 and 2020*

WHO projects that NCD deaths will increase by 15% globally between 2010 and 2020 from 36 to 44 Million deaths. The highest increase is projected to occur in the African region (WHO, 2008).

Similarly, the burden of disease due to NCDs is increasing, as measured by the Disability Adjusted Life Years (DALYs), calculated as the sum of years of life lost and years lived with disability. The Global Burden of Disease (GBD) Study showed that in 1990 47% of DALYs were from communicable, maternal neonatal and nutritional disorders, 43% from non-communicable diseases and 10% from injuries, but by 2010 the trend had shifted to 35%, 54% and 11% respectively (Murray et al., 2012).

Cancer is a major public health problem, being the second leading cause of death in developed countries and one of the three leading causes of death for adults in developing countries. It is estimated that if no efforts are made to curb the current trend in the global rise of NCDs the current cancer incidence of 12.7 million new cases will rise by 70% to 21.4 million cases by 2030 (Ferlay et al., 2010). Two thirds of those occurrences will be in low and middle-income countries.

The burden of diabetes is expected to increase from 366 million people living with diabetes in 2011 to 522 million by 2030 (Whiting et al., 2011).

Regarding high blood pressure, in the year, 2000 over 900 million people were hypertensive of whom about 60% were from developing countries. This number is predicted to increase to a total of 1.56 billion people by 2025 (Kearney et al., 2005).

A direct consequence of diabetes and hypertensive diseases is the development of renal failure. Chronic kidney disease is a major determinant of poor health outcome of major NCDs. In 2010 it was estimated that the number of deaths where chronic renal failure is listed as the main cause of death has increased by 82% compared to 1990 (Lozano et al., 2012).

Global Disease Determinants

- *Estimates in 2012 showed that the leading risk factors for global disease burden are high blood pressure (7%), tobacco smoking (6.3%), and household air pollution from solid fuels (4.3%).*
- *Dietary risk factors and physical inactivity together account for 10% of the global disease burden. The highest dietary risks were diets low in fruits and those high in salt.*

The main modifiable risk factors for NCDs are behavioral; unhealthy diet, low levels of physical activity, smoking and excessive alcohol intake, and subsequent biological risk factors such as raised blood pressure, raised blood glucose, obesity and raised cholesterol.

The rise in the global NCD burden in developing countries is due in part to the socio-demographic transition with population growth and a shift towards older age groups. In addition to cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, the African region identified sickle cell disease, oral health, mental health and substance abuse, violence and trauma as priority non communicable diseases in the region (WHO-AFRO (2011).

Other Disease Priorities for Africa

- *Globally over 300,000 babies are born with sickle cell each year with the highest burden in Africa.*
- *From 60-90% of school children in developed countries have oral problems. In developing countries fewer children are affected but the number is expected to rise in Africa due to increasing consumption of sugars and low exposure to fluorides (WHO, 2013a)*
- *From 76% to 85% of people in low and middle income countries receive no treatment for their mental disorders (Demyttenaere K, 2004)*
- *91% of the of the world fatalities from road traffic accidents occur in low and middle income countries who have approximately only half of the world's vehicles. 50% of those dying on the roads are vulnerable road users; pedestrians, cyclists and motorcyclists (WHO, 2013b)*

The burden of sickle cell diseases is especially high in Africa. According to WHO, 5% of the world population carries trait genes of hemoglobin disorders mainly sickle cell disease and thalassemia (WHO, 2011b). It is further reported that over 300,000 babies are born with sickle cell disease each year with the highest burden in Africa. In May 2006 at the 59th World Health Assembly (WHA), resolution WHA 59.20 of the World health Organisation (WHO) was to develop, implement and reinforce integrated national programs for the prevention and management of sickle cell disease (SCD). The WHO strongly urges that countries where the birth rate of affected infants is above 0.5 per 1,000 to develop disease oriented (as opposed to integrated in general health services) national programmes for the management and prevention of the disease.

Oral diseases are still a global health problem especially among underprivileged populations in both developed and developing countries. The major global oral health problems include periodontal diseases and dental carries. The main risk factors for oral health problems include dietary (excessive intake of sugars, leading to dental carries and diet low in fruit and vegetables which may predispose to oral cancers), smoking and low levels of exposure to fluorides (which protect against dental carries) (WHO, 2013a).

A number of people in the world are affected by mental health disorders. In 2004 (WHO, 2008), mental disorders are said to have accounted for 13% of the global burden of disease.

Injuries and violence also comprise a significant problem to global health. Violence can take many forms including child maltreatment, youth violence, intimate partner violence, elder abuse, and sexual abuse. The global burden of disease study (Lozano et al., 2012) estimates that Injuries including violence account for 5.1 million deaths annually which is 9.6% of all deaths. The contribution of injuries to the global burden of disease has increased compared to the situation in 1990. Among injuries, road traffic, self-harm, and interpersonal violence increased substantially in both absolute and relative terms, whereas drowning decreased.

As mentioned earlier NCDs are now major health challenges in Tanzania: below is an account of the burden of these diseases in the country.

1.2 Burden of Non Communicable Diseases in Tanzania

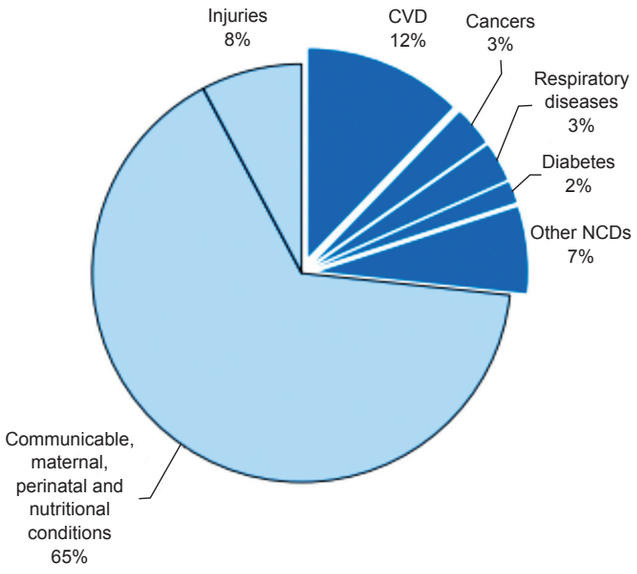

FIGURE 1: PROPORTION OF MORTALITY AS A PROPORTION OF ALL DEATHS IN TANZANIA (WHO, 2011A)

In Tanzania like many developing countries the burden of NCDs has been increasing steadily (Mayige M, 2012). WHO country estimates of 2010 showed that NCDs account for 27% of all deaths in Tanzania (WHO, 2011a). In 2008, it was estimated that NCD caused a total of 75.7 and 58.8 deaths per 1000 population, of which 42.8% and 28.5 were below the age of 60years among males and females respectively. Age standardized death rates per 100,000 were 874 and 614.3 in males and females respectively (WHO, 2011a). Figure 1 below shows the distribution of NCD as percentage of all deaths. The figure shows that communicable diseases account for about 65% of all deaths. NCD such as CVD, Injuries, cancer, respiratory diseases and diabetes accounted for 12%, 8%, 3%, 3% and 2% respectively. This data represent the overall burden for all ages, but previous studies had demonstrated that NCDs contribute higher burden among the older age groups (AMMP, 1997).

Risk Factors for NCDs in Tanzania

A recent survey on the burden of NCD risk factors in Tanzania showed that the burden of diabetes and cardiovascular diseases is high with the prevalence of hypertension estimated to be around 26%. The prevalence of hyperglycemic disorders (pre-diabetes and diabetes) was high at all ages with estimated total prevalence of around 20%(MOH, 2012). The use of tobacco is on a steep rise in Tanzania. The prevalence of tobacco smoking has nearly doubled in the past four years. Between 2008 and 2012 the prevalence of tobacco smokers jumped from 7.9% to 14.1%. According to the latest data, 28% of males use tobacco. While smoking is the predominant way to use tobacco, other forms than cigarettes are becoming popular such as the snuff. Data on tobacco use among youth is not available and needs to be collected. It is very likely that prevalence of tobacco use among youth is high and there are very little differences between males and females.

Cancer

Key facts for Tanzania

- *Levels of risk factors are high: current tobacco users (15.9%), current alcohol drinkers (29.3%), ate less than 5 servings of fruit and/or vegetables on average per day (97.2%), overweight and obese (26%), raised cholesterol (26%) and raised triglycerides (33.8%) (2012 STEPS survey (MOH, 2012)).*
- *High prevalence of diabetes (9.1%) and hypertension (25.9%).*
- *Cancer is now the 5th cause of death among adult men and 2nd among female adults (WHO, 2004)*
- *High birth prevalence of sickle cell: Tanzania Ranks 4th globally with almost 11,000 births per year.*

Tanzania, like many other countries, has an increasing number of people who are developing cancer due to diverse reasons. At present about 35,000 people develop cancer each year, and recent forecasts suggest that by 2020 this number will increase by 50% (UICC, 2005). This will cause increasing strain on already stretched health systems and resources.

The number of cases indicated here may however not depict the actual situation in the country due to the fact that about 80-90% of cancer patients are unable to access diagnostic and treatment facilities. It is also a matter of concern that about 75-80% of the patients attend to hospitals at advanced stages when it is not amenable to curative options. In Tanzania the leading cancers for both sexes are carcinoma of cervix, Kaposi's sarcoma and breast cancer (IARC, 2002).

Sickle Cell Disease

Globally there are 300,000 births with sickle cell disease (SCD) each year. Tanzania is the fourth country in the world with the highest birth prevalence of SCD individuals in the world, after Nigeria, Democratic Republic of Congo and India. Within Tanzania, the regions that are most effected are on the Eastern coast, Southern and Lake Regions of Tanzania. The majority of children born with SCD will not know that they have SCD. It is estimated that without treatment between 50-90% of children will die in childhood and that the contribution of SCD to the under-five mortality in Africa is 6.4%. The leading causes of childhood deaths in SCD include infections (pneumoccal and malaria) and severe anaemia. These deaths are preventable with appropriate interventions. The introduction of newborn screening and provision of comprehensive care has reduced childhood mortality by 70% in high-income countries. Tanzania aims to develop a strategy to introduce these interventions.

The number of SCD individuals may be higher as many children die undiagnosed and many individuals are not aware that they may SCD without being symptomatic. Currently, definitive diagnosis of SCD is at Muhimbili National Hospital (MNH) with diagnostic capacity being developed in Bugando Medical centre and Mkapa Hospital in Dodoma.

Tanzania has consolidated SCD services at MNH, and has developed a systematic framework for comprehensive research that is integrated into health care provision. The aim is to develop evidence-based policies to improve health services. Since 2004, there has been an almost 300% increase in the number of patients with SCD. Over 6,000 SCD patients have been seen, with an average of 150 patients seen per week. Efforts are being made to strengthen comprehensive care programs for SCD at all levels of health care. This will include specialized centers at referral and regional hospitals with high number of SCD patients and integrated services at district hospitals and primary health care facilities.

As Tanzania goes through a health transition, it is expected that the number of individuals with chronic, non-communicable diseases such as SCD will significantly rise. Therefore, the government of Tanzania is developing a strategy for SCD as part of the national strategy for NCDs in Tanzania. Although the birth rate is 6 per 1000 per year and the WHO urges that countries where the birth rate of affected infants is above 0.5 per 1,000 to develop disease oriented (as opposed to integrated in general health

services) national programmes for the management and prevention of the disease. This is to ensure that the strategy for SCD for Tanzania fits within the resources available within the health system.

Injuries and Trauma

In a hospital study to assess the burden of injuries and trauma in Tanzania a total of 9316 injury patients were seen between November 2011 and December 2012. The distribution of injury patients by hospital was MOI 49.4%, Morogoro 23.7%, Musoma 10.4%, Korogwe 7.5%, Mtwara 5.1% and Kigoma 3.9%. Majority (71.7%) was male and 55% belonged to the productive age group (18 to 45 years). Of the 9316 patients seen, 66.7% were admitted, 30.9% treated and sent home and 2.4% died at the casualty.

The leading cause was road traffic crashes (47.5% of all injuries), followed by falls 27.9% and Assaults 17.4%. Passengers accounted for a greater proportional of road traffic crash victims (38.2%) followed by pedestrians (31.9%). Motorcycles accounted for 47.3% of all road traffic crashes. Males accounted for 74.2% of assault victims.

Oral Health

In Tanzania the prevalence of gingivitis (early gum infection) is 80% of the whole population yet its advanced form, has low prevalence. The National Oral Health survey done in 2005 among 18 year olds or more reported that 47.9% of them had calculus (dental stone) of varying severity and among them 3.5% had deep pockets (more than 5mm). The recognition of the relationship of periodontal diseases and inflammatory heart diseases as well as the association of periodontal diseases with low birth weight babies is growing in importance. Dental caries, the second most common oral disease, which affects an increasing percentage of the population with age, has a much lower prevalence at all ages in both urban and rural areas. The current WHO classification grades Tanzania in the lowest category of caries lesion experience.

In 2005, the caries experience in permanent dentition was 1.8, out of which Decayed (D)-component was 1.1 and the missing (M) component was 0.7. The caries experience among school age children has been below a mean DMFT (Decayed, Missing, Filled, Teeth index) score of 0.8 in the last two decades.

Eye Health

The prevalence of any form of ocular morbidity in a general population is estimated to be 15 –20%. Tanzania 2012 census reported 1.9% of the population experienced difficulty in seeing: this was the most reported form of disabilities (2012 national Census). It is estimated that 0.7% of Tanzanians are blind and 2.1% are visually impaired: major causes being cataracts, glaucoma, retinal diseases including diabetic retinopathy, childhood blindness, refractive errors, trachoma and corneal opacities. More than 80% of the causes are preventable or curable (Pascolini, 2010).

Mental Health

Mental health services have traditionally been underdeveloped, poorly resourced and stigmatized. Services are predominantly under the public health system but very limited. Before introducing the health sector reforms, government policy dictated that mentally ill people were one of the vulnerable groups that deserved free treatment. Although the intention was to relieve the treatment burden for patients and their families, coverage was always very low because of scarcity of services. Support for children with intellectual disability is highly dependent on parent organizations. These children are being supported by NGOs in collaboration with three ministries. They are Community Development, Gender and Children, Education and Health and Social Welfare ministries.

It is estimated that at least 1% of the population suffers from severe mental disorders needing attention at any given time. With a population of over 34 million (2002 census) there are at least 340,000 patients with severe mental illness. By 2005 the public health sector could hardly cover 90,000, which are, mainly severe cases from urban communities and those who can access the few existing treating facilities. Common mental disorders are rarely diagnosed and treated even where psychiatric treatment facilities exist. Because of overstretched resources there is a tendency to focus on severe mental illnesses and epilepsy in those facilities.

Disability

NCD are intrinsically linked to disability and physical rehabilitation, for example strokes, amputation and blindness. The WHO World Report on Disability Africa estimates a prevalence of moderate and severe disability of 15.3% of the population. Governments are progressively indicating their commitment to disability rights through the enactment of policies on disability. In addition to being a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the United Republic of Tanzania, enacted its 2010 Disability Act, underpinning a social model of disability.

1.3 Approaches to Prevention of NCDs

NCDs prevention and control has been a challenge globally. The challenges in Tanzania, which may be common to other developing countries, include: low level of community and stakeholders awareness and knowledge, absence of multi-sectoral responses to the diseases, inadequate resources (human, infrastructures and funds), lack of legislations and/or enforcement mechanisms, poor NCD surveillance and monitoring and evaluation systems, poor governance and leadership, and low capacity of health service providers in terms of knowledge, skills and numbers, and pre-occupation with communicable diseases.

Evidence show that with the current proven cost-effective strategies and collective efforts targeting eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, the NCDs burden of heart disease, stroke, and type2 diabetes and over a third of cancers can be prevented by 80% (WHO, 2005)).

Cancer of the cervix and breast cancer can be screened and detected and treated in their early stages if effective affordable cancer control programs are put in place

However, despites those challenges NCDs can be greatly reduced if appropriate preventive and curative interventions can be efficiently and effectively implemented. This can be achieved through engaging sectors beyond health.

Surveillance, primary prevention, multi-sectoral collaboration and strengthened health systems are key for the prevention and control of NCDs. The following section provides an analysis of the current situation in Tanzania for the prevention and control of NCDs.

2 Situation Analysis (SWOTS)

Prevention and control of non-communicable diseases require multi stakeholders' action and a focus on population-based interventions. Therefore, implementers of this strategy include institutions within and outside the health sector. Some of the main institutions within the health sector include the Tanzania Food and Nutrition Centre (TFNC), Tanzania Food and Drug Authority (TFDA), and Tanzania Bureau of Standards (TBS). Also there are disease specific programs that are already addressing issues related to NCDs including diabetes, cancer, sickle cell, oral health, CVD, mental health, injuries and trauma. Others include academic and research institutions and well as a network of health facilities form primary to tertiary care levels. Civil Societies and advocacy groups also exist that are useful for addressing some of the challenges in tackling NCDs.

Apart from institutions, there is legislation in place for tobacco control, alcohol consumption and control of food standards.

Table 1 shows the current status of each of the disease areas and the main risk factors for NCDs. A detailed review of the legislation related to NCD control including the WHO recommended NCD prevention interventions is presented in **Annex 2:** Implementation Status of Key NCD Prevention Legislations in Tanzania. This action plan will focus on moving forward the agenda of NCD prevention and control capitalizing on the existing resources and building upon the existing strengths and opportunity.

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
Diabetes	• Institutional Framework: Ministry of Health Community Development Gender Elderly and Children, health facilities, • Tanzania Diabetes Association (established 1985, Tanzania NCD Alliance (TANCDA), National Diabetes Project expanding diabetes and NCD services up to district level • Child and Adolescent Diabetes Clinics • Developed NCD training manuals for different levels of health care providers, training ongoing by zones • IEC materials on diabetes and NCDs developed and disseminated • Training of health workers (workshops, fellowship programs, exchange visits to centers of excellence in diabetes	• Limited resources (financial, human and material) • Poor outreach • Limited advocacy • Greater focus at secondary and tertiary care facilities • Limited focus on primary prevention & continuum care	• Certificate Course on Diabetes Management at MUHAS • Community screening programs • Awareness campaigns , annual commemoration of World Diabetes Day • Microfinance projects for families with children having type 1 diabetes • Active TANCDA • External funding sources • Global NCD Alliance	• Uncertain sustainability • Misleading quacks • Counterfeit drugs and medical products

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
Cardiovascular	• Institutional Framework: MOH&SW, Heart Foundation of Tanzania, Muhimbili National Hospital (MNH), • Establishment of Cardiac Care Center at Muhimbili National Hospital • Secondary and tertiary prevention services at the Muhimbili National Hospital, Bugando Medical Center and KCMC. • Provision of Outreach consulting services to regional and district hospitals	• Limited services in primary and secondary health facilities. • Currently no specific activities for primary prevention • Limited resources (financial, human and material) • Poor outreach • Limited advocacy • Greater focus at secondary and tertiary care facilities • Limited focus on primary prevention & continuum care • Newly established association	• Establishment of research centre at MNH • Planned East African Center of Excellence for cardiovascular diseases. • Master's course in Cardiology at MUHAS • Active TANCDA	• Uncertain sustainability • Misleading quacks • Counterfeit drugs and medical products

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
Cancer	• Institutional framework: Ocean Road Cancer Institute (ORCI) and Referral hospitals, NGO's, PASADA, TTCF, TPCA, Tanzania Breast cancer Foundation, MEWATA, TANCDA and Hospitals, Cancer Society established since 1991 • Hepatitis B immunization under EPI for prevention of liver cancers • Cancer Registry at MNH since 1966, ORCI since 2000 and population based registry at KCMC since 1998. • National Cancer Control strategy in place • National palliative care Policy Guidelines in place • National Cervical Cancer Prevention Strategy in place	• Few cancer centres • Few specialists in cancer • Limited focus on prevention • Inadequate funding allocation from the parliament/ government • Lack of national cancer policy (currently its embedded in non-communicable disease policy) • Lack of adequate human and financial resources to implement work already undertaken by ORCI and partners • Limited expansion of cancer diagnosis and treatment facilities • Limited budget allocated for cancer control services • Workforce shortage • Budgetary limitation • Weak referral system for cancer patients	• High political will and high level government commitment • MMED clinical oncology course and bachelor degree in radiation therapy technology established at MUHAS • Commitment by PACT and other international development partners to support strategy development • Various partners working in cervical and breast cancer prevention and control programs • Linking and consolidating existing primary health care facilities	• Socio-cultural beliefs and norms • Uncertain sustainability • Misleading quacks • Counterfeit drugs and medical products

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
	• Cervical screening (using visual inspection with Acetic Acid or Lugol's Iodine) and Breast cancer screening initiatives, both at ORCI and during outreach services in 13 regions, There are also different partners involved in cervical cancer screening which are PATH, TPHS, MDH, Marie Stopes, UMATI, PSI, JHPIEGO • 50 plus campaign for prostate cancer awareness • Government funded cancer prevention and control initiatives, started in 2006. Carries out outreach services to regions, by 2010, 13 regions covered. • Treatment of cancer mainly at ORCI , now services expanded to Bugando Referral Hospital • Limited cancer research carried out at ORCI, MUHAS, NIMR, BMC • Enabling national health policy			

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
	• Existing healthcare Infrastructure from dispensaries to national and specialised hospitals • The civil societies focusing on cancer control initiatives • Hospital- and population-based cancer control activities undertaken by ORCI and partners			
Respiratory	• Institutional Framework: MoHCDGEC, Tanzania Association of Respiratory Diseases, TANCDA	• lack of resources • limited advocacy and outreach • lack of training manuals and IEC materials • no adequate information on burden of disease	• Utilizing the existing infrastructure of National TB & Leprosy Program • Linkages with existing International organizations/ networks • Linkages with OSHA	• Sociocultural beliefs and norms • Uncertain sustainability • Misleading quacks • Counterfeit drugs and medical products
Sickle Cell	• Institutional Framework:, MNH, MoHCDGEC, Sickle Cell advocacy groups, Close collaboration with NCD groups • At MNH there is a well-established sickle cell care and treatment service. • MUHAS has established excellence in SCD research and training	• lack of resources • limited advocacy • Limited outreach • Limited information • Good quality services limited to MNH • Effective interventions not implemented in most health facilities.	• Research programs in collaboration with MUHAS • Health programs to establish newborn screening with RCH unit, MoHCDGEC • Awareness campaigns • Educational programs in hematology and blood transfusion	• Sociocultural beliefs and norms • Limited access to care and treatment services

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
Renal	• Institutional Framework: MoHCDGEC, Tanzania Kidney Foundation • Established renal unit at MNH, able to provide dialysis services • Establishment of Centre of Excellence at Dodoma and Mbeya	• lack of resources • limited advocacy and outreach • lack of training manuals and IEC materials • no adequate information on burden of disease	• Awareness campaigns especially during commemoration of world kidney day • Networking with international organizations	• Sociocultural beliefs and norms • Uncertain sustainability • Misleading quacks • Counterfeit drugs and medical products
Oral Health	• Institutional Framework: Tanzania Dental Association, MNH, MOH&SW • Upgraded dental clinics in all the region and district hospitals • Outreach services done whenever possible • Awareness campaigns especially during the oral health week and commemoration of world oral health day • National Oral Health Survey carried out in 2010 • Strategic oral health plan 2012- 2017 in place	• lack of resources • limited advocacy and outreach • lack of training manuals and IEC materials • no adequate information on burden of disease		• Limited access to care and treatment services

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
Injuries and Trauma	• Institutional Framework: Muhimbili Orthopedic Institute (MOI), MNH, MOH&SW • Police force • Injury prevention campaigns	• Lack of resources • Limited outreach programs	• Masters course in Orthopaedic and Neurosurgery • International collaborations • Construction of more trauma centres	• Uncertain sustainability
Mental Health and substance abuse	• Institutional framework: MOHCDGEC, Mental Health Association of Tanzania (MEHATA), MNH • Mental Health Strategy in place • Alcohol policy in place • Interministerial committee for substance abuse in place • Specialized Mental Health Hospital in place • Established drug addiction treatment centers now operational at MNH, Ilala, Temeke and Mwananyamala municipal hospitals • Availability of integrated mental health services into primary health care services • Availability of outreach services at the regional and district levels.	• Availability of anti-psychotic drugs • lack of resources • limited advocacy and outreach • lack of implementation of the FTC	• Masters Course in Psychiatry • AMO Psychiatry • Nursing course in Psychiatry • Construction of drug detoxication centre at Mirembe, Itega • Harm reduction program in place • Inter-agency collaboration	• Sociocultural beliefs and norms • Uncertain sustainability • Misleading quacks • Counterfeit drugs and medical products • Stigma and discrimination

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
	• Mental Health Act and Regulations enacted (2008) • Existing mental health rehabilitation centers at tertiary level (Vikruti, Homboro, Rutindi)			
Tobacco use **Interventions:** • Tax increases • Smoke free environment • Health information and warnings • Bans on advertising	• Institutional framework: MoHCDGEC, Tanzania Tobacco Control Forum, • WHO FCTC ratified • Justification available for action	• FCTC not yet implemented • Lack of enforcement of regulations under Tanzania Tobacco Products Regulatory Act (2003) • Limited community awareness • Lack of options for alternative cash crops	• Strong push from the international networks	• Tobacco industry • Farmers • Conflict of interest for the government
Harmful alcohol use • Tax increases • Restricted access • Bans on advertising	• Institutional framework: MoHCDGEC, Alcohol Anonymous, Health institutions	• Several acts related to harmful use of alcohol in place but not adequately implemented • Limited number of facilities for Alcohol Disorders Treatment, Care and Rehabilitation • Alcohol policy in process • Lack of Alcohol Regulatory Authority • Existing Liqour Act 1968, needs amendment/re-drafting	• Networking with international organizations • Sensitizations at community gatherings • Sensitizations at religious gatherings • Existing Liqour Act 1968	• Industry • Conflict of interest for the government • Producers of traditional liquor • Availability of cheap products • Sale of alcohol to minors • Advertisement and Sponsorship to be uncontrolled

Disease/Risk Factor	Strengths	Weakness	Opportunities	Threats
Unhealthy diet • Reduced salt and sugar intake • Replacement of trans fats with pufas • Increased intake of fibre (fruits & vegetables, no refining of foods) • Public awareness	• Institutional Framework: MoHCDGEC, TFNC, CONSENUTH, Tanzania Bureau of Standards, TFDA, Tanzania Consumers Association • National Nutrition Policy & Guidelines	• Suboptimal functioning nutritional rehabilitation centers	• Training institutions • Ministry of Agriculture	• Food industry • Food vendors
Physical Inactivity • Public awareness • Enabling environment	• Institutional Framework: MoHCDGEC,	• Lack of infrastructure • No National Policy on physical activity	• Ministry of Education – policy on physical activity • International networks • Training institutions (degree in physical education) • Ministry of sports	• Misuse of open spaces
Ministry of Health Community Development Gender Elderly and Children	• NCD section established at the ministry, currently with only 7 staff. • NCD interdepartmental coordination committee in place & functional • National NCD Steering committee established • MTEF includes NCD	• Bureaucracy • Limited resources • Lack of inter-ministerial NCD coordinating mechanism	• NCD activities currently funded by DANIDA • Selected accomplished activities to date include; o Completion of first NCD STEPS survey o Conducted NCD baseline survey o Developed National dietary guidelines • Developed NCD sensitization and advocacy strategy	• Much dependence on donor funds • Unstable staff

3 The Strategic Plan

3.1 Introduction

This Strategic Plan targets NCDs namely diabetes, cardiovascular diseases, cancer, chronic respiratory diseases, mental health, sickle cell diseases, injury and trauma and associated disability. The plan seeks to address the above issues by identifying possible strategic means for reaching the intended goal and vision. It involved a review of the previous action plan, identifying and building on the areas of success and finding solutions for failures.

In this plan, four objectives will be pursued under the guidance of nine principles. Each specific objective will have strategic interventions, to be employed, priority actions and activities to be done and indicators to show that the specific objective has been partially or fully achieved. The plan has also identified risks that could limit the success of the goal and proposed solutions to mitigate each risk.

Furthermore, a list of expected outcomes after pursuing all objectives will also be given. It is envisaged that if the set of actions in this Plan are realized, the growing public-health burden imposed by NCDs will be tackled. In order for the plan to be implemented successfully, high-level political commitment and the concerted involvement of governments, communities and health-care providers are required.

3.2 Scope

Four categories of NCDs – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – make a substantial contribution to NCD morbidity and mortality and are the main focus of this Plan covering the period 2016-2020. The four categories of NCDs can be largely prevented or controlled. by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol as well as through early detection and treatment.

Major NCDs and their risk factors are considered together in the National NCD 2016–2020 Action Plan in order to emphasize shared etiological factors and common approaches to prevention.

The priorities for action cut across all national sectors, reflecting similar challenges in many areas: inter-sectoral collaboration, partnerships and networking, capacity strengthening in national sectors, resource mobilization, and strategic support for collaborative research.

This Strategic Plan is aligned and integrated with key policy documents including the following:

- Framework Convention on Tobacco Control
- WHO strategy on diet and physical activity
- MKUKUTA
- Vision 2025
- Health Policy
- Mental Health Strategy

- National Tobacco control strategy
- Health Promotion strategy
- National Nutrition strategy
- National Cancer Control strategy
- National Palliative care policy guideline
- Cervical Cancer prevention and Control Strategy
- WHO World Disability Report 2012.

3.3 Time frame

This action plan will be implemented from 2016 through 2020 in line with WHO global action plan and Health Sector Strategic Plan IV of 2015-2020.

3.4 Vision

Tanzania free of avoidable non-communicable diseases

3.5 Mission

To improve the quality of lives of all Tanzanians by reducing the suffering, disease and death caused by NCDs with focus on access to quality, sustainable and equitable services.

3.6 Goal

To reduce the burden (morbidity, disability and premature mortality) related to noncommunicable diseases in Tanzania by 20% by 2020.

3.7 Principles

This strategic plan will be guided by the following principles:

a. **Primary health care approach:** NCD prevention, treatment and care services will be available, accessible and affordable at all levels of care from the community level.

b. **Universal coverage:** All people should have full access to health care and other services for prevention control of NCDs based on needs regardless of age, gender , economic and social (political, cultural, religious) status, presence of disability and ability to pay.

c. **Continuum of care:** NCDs prevention and control services must be provided along the continuum of care with services spanning from primary, secondary and tertiary prevention levels.

d. **Life course approach:** NCDs prevention activities must take into account that the risk of NCDs starts earlier on in life and starts at pre-conception, during pregnancy at infancy and continue throughout adult life.

a. **Multisectoral approach:** NCD interventions should be initiated and implemented with relevant stakeholders including public and private employers, civil society and the international community. Public sector engagement should include health-in-all policies and whole of government approaches.

b. **Evidence based:** Strategies for prevention and control of NCDs should be guided by scientific evidence and public health principles and must be protected from undue influence by any form of vested interest.

c. **Empowerment of people:** People should be empowered and involved in activities for prevention and care of NCDs.

d. **Integrated approach:** given the shared determinants and characteristics of several diseases and the resource constraints, an integrated approach focusing on functions rather than on disease categories should be favoured. Opportunities for integration into existing services should also be exploited.

e. **Accountability:** The implementation of the NCDs Strategic plan II (2016 – 2020) will not be possible without strong, accountable and effective leadership and every stakeholder. The strategy uses existing structures to ensure accountability to government, funding partners and the communities served in terms of resource utilization, service provision and health outcomes achieved at all levels of the health sector. This will ensure that all actors are doing the right thing the right way.

3.8 Objectives

For significant achievements in NCD prevention and control, the plan will aim to realize the following four objectives:

a. Advocate for NCD prevention and control as a National Priority

b. To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020.

c. To strengthen and align health systems to address NCD though promotive, preventive curative and rehabilitative services by 2020

d. To strengthen national capacity for NCD surveillance, research for evidence based planning, monitoring and evaluation by 2020

3.9 Expected outcomes

The overall target agreed by WHO and MoHCDGED is reduction of NCD related mortality by 25% from baseline by 2025. We can reduce mortality in the short term through improved care of those with disease. The ultimate aim however, is to reduce the occurrence of disease through reduction of the modifiable risk factors: tobacco use, physical inactivity, obesity, intake of salt, low intake of fruits and vegetables, saturated fat and harmful use of alcohol. This action plan will employ both strategies and aim to achieve the following targets by 2020.

a) Community Interventions plus legislation

- 30% reduction in the prevalence of tobacco use by 2020 compared to baseline 2012 STEPS data.
- 10% relative reduction in persons aged 15+ per capita consumption of alcohol from baseline.
- Reduction in the mean population intake of salt to less than 5gms per day.

b) Community Interventions

- 0% increase in obesity prevalence from baseline
- 10% reduction from the baseline in the proportion of individuals who are physically inactive
- 50% increase from the baseline in the proportion of patients detected with early cancer (health facility level)

- 25% reduction from baseline in the prevalence of raised blood pressure
- 10% reduction from baseline in the proportion of individuals with raised total cholesterol
- 10% reduction from baseline in the prevalence of diabetes
- 50% increase from the current level of community awareness on NCDs
- 70% increase from baseline in the level of community awareness of sickle cell
- 10% of couples in affected regions receive pre-marital SCD screening
- To increase by 20% the proportion of cavity free 6 year olds
- To reduce by 20% the DMPT particularly the D component at age 12
- To reduce by 20% the number of teeth loss due to periodontal disease for juveniles up to 18 year old.

c) Improved facility care

- Implement and achieve 80% coverage for HPV vaccine for school girls (9-13 yrs)
- 50% of people diagnosed with stroke or heart disease use aspirin for prevention of further cardiovascular diseases
- 50% increase from baseline access to essential medicines for those diagnosed with the major NCDs
- 50% increase in the proportion of newborns at health facilities screened for Sickle Cell Disease
- 70% increase from baseline in the proportion of SCD patients receiving standardized care and treatment
- 50% patients with diabetes or hypertension receive urine tests for proteins at least yearly

d) Overall Outcome (Mortality)

- 20% reduction in mortality among people less than 70 years due to cardiovascular disease, chronic respiratory disease, cancer and diabetes
- 10% reduction from baseline of suicide rates in the general population
- 50% increase from baseline in survival rates of SCD patients (20% WHO)
- Reduce by 20% from baseline the overall mortality from injuries and trauma.

3.10 Strategies and indicators of success

3.10.1 Objective 1:

To Advocate for NCD prevention and control as a National Priority by 2020

3.10.1.1 Rationale

Strong and continuous national leadership by heads of state or governments to ensure that NCDs are a whole-of government priority is important for any NCD prevention programs to be successful since programs and policies in other sectors affect health outcomes.

The NCDs accounts for 27% of all deaths in Tanzania and their risk factors are closely related to poverty. The 2030 Agenda for Sustainable Development adopted at the United Nations Summit on Sustainable Development in September 2015 recognizes non communicable

diseases (NCDs) as a major challenge for sustainable development. Goal three which is Health carries three NCDS targets which are; By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being; Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol and By 2020, halve the number of global deaths and injuries from road traffic accidents

Furthermore, there is a limited financing and resources allocated for NCDs at all levels. This raises a need for advocacy to raise priority status of NCDs within the health sectors and non-health sectors.

Various financing options are available, for funds mobilization to support the strategic plan. An example is an additional surcharge on tobacco which has raised revenue in many countries.

There is need to generate evidence to support claims of the raising burden of NCDs and their implications to the health care system and to the country's economy as a whole. Data for the health, social, and economic effects of NCDs; the cost and cost effectiveness of interventions; and the future costs of not acting are helpful to build support for multisectoral policy action and law reform by governments and to ensure sustainable financing of the NCD prevention and control activities.

A review of available policy and legislation carried out this year showed that more efforts are needed to sensitize the various stakeholders and to enforce the implementation of the various policies and legislations. Strong leadership is essential including involvement of civil society organizations and advocacy groups to resist attempts by powerful organizations with vested interests (e.g. the tobacco, food, and alcohol industries) to undermine the development and implementation of effective policies.

This strategy will advocate to policy, decision makers and development partners at all levels to obtain their commitment and increase resources on NCDs control. The NCD unit will also focus on ensuring availability of sufficient financial coverage and support for full equitable access of NCDs preventive, curative, rehabilitative and palliative services.

3.10.1.2 Strategic interventions

i. Attain political commitment with increased and sustained financing for NCDs.

ii. Review existing policy and legislation to increase resources and improve prevention and control of NCDs,

3.10.1.2.1 Priority actions and activities for Strategic interventions to:

Attain political commitment with increased and sustained financing for NCDs

SN	Priority actions	Activities
3.10.1.2.1.1	Secure adequate financial resources for NCD prevention and control services in the country	a. Generate and disseminate evidence-based data to document the burden of NCDs b. Conduct resource needs assessment in order to inform the development of national NCD plan and budget c. Conduct advocacy meetings with key policy and decision makers MoHCDGEC management team, PMORALG and development partners d. Conduct Sensitization meetings with RHMTs and CHMTs on adequate financial and other resources allocation in CCHPs for NCDs e. Conduct proposal writing workshop for fund mobilization
3.10.1.2.1.2	Market NCDs strategic plan to partners for mobilizing resources	a. Conduct a workshop to orient and align all stakeholders on the NCDs Strategic Plan b. Identify potential resources of Non governments funding calls for proposal c. Conduct a meeting to sensitize businesses for funding through corporate social responsibility funds d. Conduct schedules partnership meeting to mobilize and leverage resources for NCDs based on burden of disease data

3.10.1.2.2 Priority actions and activities for Strategic interventions to:

Review existing policy and legislation to improve prevention and control, to NCDs services

SN	Priority actions	Activities
3.10.1.2.2.1	Review various policies and legislation	a. Review, update and implement health insurance schemes for universal coverage b. Advocate for review of various policies and legislation e.g. tobacco, alcohol c. Disseminate evidence for appropriate taxation

Indicators of success

- Number of partners involved in NCD prevention and control
- Number of sensitization meeting conducted
- Number of stakeholders oriented on NCDs SP 2016-2020
- NCD policy document formulated
- Number of reports and policy briefs for policy and action developed and disseminated
- Annual percentage increase in NCD budgetary allocations and resources earmarked for NCD activities
- Percentage increase in the coverage of health insurance

Expected outcomes

- More partners are involved in NCD prevention and control activities
- NCD programs are well funded and functional
- Increased access to care for NCDs and other diseases through improved access to health care financing mechanisms

3.10.2 Objective 2:

To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020

3.10.2.1 Rationale

NCDs have been receiving minimal funding from MoHCDGEC for about 15 years. Government (public) will take lead in stewardship, where NCDs Control will be elevated to higher levels of the development agenda within the MoHCDGEC. The established section for prevention and control of NCDs inside the ministry of health needs to be funded and also provided with adequate staff with necessary technical skills and capacity for successful implementation of NCDs.

The NCDs section needs to coordinate action of multiple fronts and provide oversight to achieve universal access to promotion, preventive, curative and rehabilitative NCD services. Since the major determinants of no communicable diseases lie outside the health sector, collaborative efforts and partnerships must be intersectoral and must operate “upstream” in order to ensure that a positive impact is made on health outcomes in respect of NCDs.

The multi-sectorial coordination need to be strengthened. The MoHCDGE should seek support from the Government to be empowered and get political mandate for the health ministry officials to work with their counterparts in other ministries to ensure multi-sectoral coordination and implementation of key policies in prevention and control of NCDs

In this strategic plan, policy guidelines for multisectoral coordinating will be develop with clear roles and responsibility to guide them to oversee implementation of NCDs in their respective levels. The Inter-Ministerial committee and multisectoral coordinating committee at national, regional and district levels will be established and meet bi-annual to discuss progress of implementation, availability of supply and commodities for NCDs, human resource including adequate resources mobilization for NCDs.

The effective implementation of the Strategic plan II will not be possible without strong, accountable and effective leadership at all levels of the healthcare delivery system. The strategy uses existing structures to ensure accountability to government, funding partners and the

communities served in terms of resource utilization, service provision and health outcomes achieved. This will ensure that all actors are doing the right thing the right way.

3.10.2.2 Strategic Interventions

I. Establish a sustainable coordination system of multi sector approach to address NCDs prevention and control at all levels

II. Strengthen (NCD) unit capacity to coordinate and manage NCDs prevention and control services

3.10.2.2.1 Priority Actions and activities for a sustainable coordination system of multi sector approach to address NCDs prevention and control

SN	Priority actions	Activities
3.10.2.2.1.1	Establish a high-level inter-ministerial committee to facilitate and monitor Multispectral action for NCD prevention and control	a. Develop national Multisectoral framework and operational platform for NCD coordination and collaboration with clear roles and responsibilities b. Identify key Inter-Ministerial stakeholders c. Launch Inter-Ministerial Coordinating committee for NCDs d. Conduct bi- annual high level Inter-Ministerial coordination committee meetings
3.10.2.2.1.2	Establish/Strengthen Multisectoral coordinating Committee at all levels	a. Develop TOR/policy guidelines for NCD multisectoral coordination committee at national regional and district levels b. Conduct sensitization meeting to partners, PMORALG including RHMTs and CHMTs on NCDs on the multisectoral coordination committee ToR/policy guidelines c. Launch national, regional and district multisectoral coordinating committee
3.10.2.2.1.3	Support multisectoral coordination committee meetings at national, regional and district	a. Conduct bi-annual multisectoral coordinating committee meetings at national level b. Conduct bi-annual multisectoral coordinating committee meetings at regional level c. Conduct bi-annual multisectoral coordinating committee meetings at district level d. Conduct national -annual multisectoral technical meeting

Indicators of success

- Inter-ministerial committee for NCDs established and functional
- Multisectoral coordinating committee at national, regional and district level established and functioning
- Number of qualified staff allocated to the national NCDs section
- national framework for NCDs multisectoral in place
- Number of regions allocate funds for NCDs
- Number of policy and decision markers sensitized

Expected outcomes

- NCDs activities are well coordinated within the relevant ministries
- NCDs section fully functional and capable of coordinating establishment and implementation of various NCDs interventions
- implementation NCD prevention and control activities is being monitored and evaluated and prompt feedback given to appropriate authorities

3.10.3 Objective 3:

To strengthen and align health systems to address NCD through promotive, preventive, curative and rehabilitative services by 2020

3.10.3.1 Rationale

Implementation of the NCD interventions needs a functioning health-care system and a stepwise approach. Many health services are inadequate in terms of governance arrangements and health planning processes; health financing; health workers with appropriate knowledge and skills; essential drugs and technologies; health-information systems; and health services delivery models for long-term patient-centred care that is universally accessible. A key requirement is a comprehensive approach to health-systems strengthening to deliver services for all common diseases during the lifetime, with a patient-centred model of delivery.

There is limited access to major NCDs services. For instance 80-90% of cancer patients are unable to access diagnostic and treatment facilities. In addition, 75-80% of the patients attend to hospitals at advanced stages when it is not amenable to curative options. In the case of Sickle Cell Disease, Tanzania ranks 4th globally, with almost 11,000 births per year. However, many children die undiagnosed since currently only MNH can definitively diagnose SCD and there is no universal newborn screening.

In the case of respiratory diseases there is no integrated management of respiratory conditions and the burden of the condition in the country is not known. In this strategic plan, the MoHCDGEC, will introduce practice approach to lung health (PAL) in phased manner to strengthen management of respiratory conditions as integrated management in primary health care.

Respiratory diseases are responsible for suffering and death in all age groups worldwide. Account for 11 million death worldwide in 2002 this translate to mortality rate equal to 183 per 100 000 population (WHO 2005). In recent years their incidence has increased. This may be attributed to increase in risk factors such as tobacco smoking, HIV, atmospheric pollution, industrialization and deterioration of social economic conditions. WHO recommends country to introduce practice approach to lung health (PAL) as integrated management of respiratory conditions in primary health care.

In the case of accessible physical rehabilitations services, to provide a continuum of services for NCD patients suffering from life–long disability, there is (1) insufficient access to multidisciplinary approach to the provision of assistive devices, such as wheelchairs, crutches, prosthesis and orthotics and (2) there is a need for an overall policy document linked to standards of quality physical rehabilitation services. The latter is intrinsically linked in the quest for Universal Health Coverage and the need to spur commitment from insurance companies to cover disability services.

Tuberculosis and diabetes collaborative activities

The link between tuberculosis (TB) and diabetes is becoming prominent in developing countries including Tanzania. The relationship between TB and diabetes is a challenge in management of patients. Studies show that people with diabetes have increased risk of developing TB compared to the general population. Likewise TB patients who have diabetes have high risk of unfavorable treatment outcome including failure, relapse and death. The growing burden of Diabetes is contributing to sustained high levels of TB in the community, and the proportion of TB cases attributable to Diabetes globally is likely to increase over time. A study done in Mwanza in 2009 showed that the prevalence of diabetes among Pulmonary TB patients was 16.7% and 9.4% among community without TB However, more comprehensive national wide data on the burden of TB/diabetes are yet to be realized.

Efforts to address the growing burden of the co-occurrence -morbidity of TB and DM are underway. The MoHCDGEC has developed a National Guideline for collaborative care and control of tuberculosis and diabetes to enable NCD section in collaboration with NTLP and other stakeholders to effectively plan, implement, and monitor collaborative TB/diabetes activities at different levels of health care delivery.

In regards to reduce modifiable NCD risk factors and creates health promoting environment: It has been demonstrated in literature that the four major risk factors namely smoking, unhealthy diet, alcohol consumption and physical inactivity contributes significantly to the growing NCD disease burden. Reduction in the levels of these risk factors in the population significantly reduces the disease burden due to NCDs.

WHO identified interventions to reduce smoking, harmful use of alcohol, promotion of healthy diet and increased levels of physical activity as the 'best buy' interventions (reference WHO best buy doc), meaning that these interventions will require less resources and have greater impact in the long run. Table 2 gives a summary of the best buy interventions.

TABLE 2: WHO BEST BUY INTERVENTIONS FOR THE PREVENTION AND CONTROL OF NCDS

Risk Factor/ Disease	Intervention
Tobacco Use	• Tax increases • Smoke-free indoor workplaces and public places • Health information and warnings • Bans on tobacco advertising, promotion and sponsorship
Harmful alcohol use	• Tax increase • Restricted access to retailed alcohol • Bans on alcohol advertising
Unhealthy diet and physical inactivity	• Reduced salt intake • Replacement of trans fats with polyunsaturated fats • Public awareness through mass media on healthy diet and physical activity

Risk Factor/ Disease	Intervention
Cardiovascular disease and diabetes	• Counseling and multi-drug therapy for people with high risks of developing heart attacks and strokes, including those with established CVD • Treatment of heart attacks with aspirin
Cancer	• Hepatitis B immunization to prevent liver cancer (already scaled up) • Screening and treatment of pre-cancerous lesions to prevent cervical cancer

The strategic implementation of the modifiable risks factors are explained in detail and carried out in the respective strategy: National Tobacco control, Mental Health, National Nutrition strategy, National Cancer strategy, National palliative care policy and strategy, Breast Cancer strategy, Cervical Cancer strategy and Alcohol policy. Only key strategies on modified risks factors have been included in the NCD SP II (2016-2020). The NCD section will monitor implementation of the modifiable risks in the respective strategies

3.10.3.2 Strategic interventions

i. Increase access for major non communicable diseases

ii. Scale up centres of excellence for NCDs in zonal referral hospitals

iii. Integrate NCD services into existing health care services at all levels of care including community participation

iv. Implement Practical Approach to Lung Health (PAL)

v. Reduce modifiable NCD risk factors and create health promoting environment

vi. Strengthen physical rehabilitation services and palliative care

vii. Implement TB/Diabetes collaborative activities.

3.10.3.2.1 Priority actions and activities for strategic interventions to:

Increase access for major NCDs

SN	Priority actions	Activities
3.10.3.2.1.1	Scale up NCDs services at primary levels	a. Conduct facility needs assessment for NCDs scale up at primary level b. Sensitize RHMTs and CHMTs on scaling up plan and implementation c. Strengthen facilities to provide quality NCDs services d. Develop plan for NCDs scale up at primary level e. Update guideline for package of services (pocket booklet) for NCDs scale up f. Print and distribute NCDs package of services guidelines

SN	Priority actions	Activities
3.10.3.2.1.2	Capacity building to HCWs to implement NCDs services in scaled up districts	a. Review and update NCDs training curriculum to include current recommendations b. Train health workers from targeted health facilities on management of major NCDs c. Conduct supervision and mentorship to the trained staff
3.10.3.2.1.3	Ensure uninterrupted supply of major NCDs drugs and commodities	a. Engage a consultant to review logistics and supply chain management for major NCDs drugs and commodities b. Review assumptions and update national forecast for major NCDs drugs and commodities c. Review/Develop quantification tools for major NCDs drugs and palliative care d. Build capacity of staff on forecast quantification and use of tools

3.10.3.2.2 Priority actions and activities for strategic intervention to:

Scale up centre excellence for NCDs (cancer, renal, sickle cell and cardiac center) in zonal referral hospitals

SN	Priority actions	Activities
3.10.3.2.2.1	Refurbish identified targeted zone referral hospital to provide quality care for NCDs cancer, Diabetes, renal, and cardiovascular	a. Conduct facility assessments in hospitals that will be centre of excellence for cancer, renal, sickle cell and cardiac services b. Renovate and upgrade selected zonal referral hospitals with necessary, furniture, equipment and supplies.
3.10.3.2.2.2	Build capacity of health workers from targeted zone referral hospital to provide cancer, renal, sickle cell and cardiovascular services	a. Deploy qualified staff to support cancer, renal, sickle cell and cardiovascular services b. Collaborate with centre of excellence to Identify and train HCWs c. Collaborate with centre of excellence to conduct supervision and mentorship to the trained staff
3.10.3.2.2.3	Support centers of excellence in the decentralized zonal referral hospitals	a. Provide uninterrupted drugs b. Support centers with equipment and reagents c. Monitor implementation of services in line with national guidelines

3.10.3.2.3 Priority actions and activities for strategic interventions to:

Integrate NCD services into existing health care services at all levels of care including community participation.

SN	Priority actions	Activities
3.10.3.2.3.1	Incorporate comprehensive inclusion of NCDs prevention and control services in health training curricula	a. Conduct advocacy meetings with training institution for incorporation of NCDs services in school curricula b. Develop NCDs training component to be included into health training curricula
3.10.3.2.3.2	Incorporate NCDs relevant component to be reflected in (RCH/PMTCT, NACP, NTLP, EPI) training manuals	a. Conduct meetings with RCH/PMTCT, NACP, NTLP, EPI) programme and other key stakeholders to incorporate relevant NCDs component b. Develop and disseminate an integration plan outlining services to be provided at all levels of care c. Orient health care providers from RCH/ PMTCT, NACP, NTLP, EPI) on NCDs

3.10.3.2.4 Priority actions and activities for strategic interventions to:

Implement Practical Approach to Lung health (PAL)

SN	Priority actions	Activities
3.10.3.2.4.1	Introduce PAL as integrated management in primary health care in order to Strengthen management of respiratory disease	a. Adopt WHO and develop PAL strategy in collaboration with NTLP b. Establish PAL national Technical Working group c. Conduct needs assessment on current management of respiratory diseases in different level of health facilities d. Develop PAL standardize clinical practice guidelines /training materials for respiratory conditions e. Develop PAL phase implementation plan f. Conduct biannual meeting for PAL National Technical Working Group
3.10.3.2.4.2	Support Health facility to implement PAL in phase manner	a. Procure necessary equipment for PAL b. Train HCWs on PAL clinical practice guidelines c. Provide PAL d. Conduct supportive supervisor e. Evaluate implementation of PAL f. Scale up PAL countrywide

3.10.3.2.5 Priority actions and activities for strategic intervention to:

Reduce modifiable NCDs risk factors and create health promoting environment

SN	Priority actions	Activities
3.10.3.2.5.1	Advocacy communication and social mobilization Strategic plan (ACSM) to sensitize community on NCDs	a. Deploy ACSM focal person at NCD section b. Develop ACSM strategic plan c. Sensitize /involve community based on the ACSM strategic plan
3.10.3.2.5.2	Promote community based approaches and sensitization for prevention and control for NCDs	a. Advocate for exercise centers/rooms at workplaces, community and schools b. Advocate for health diet at schools, hospitals, hotels/ restaurants and other food courts c. Commemorate NCDs world international days (Cancer, Kidney, Hypertension, Diabetes and sickle cell) to raise community awareness d. Conduct community sensitization on health diet and physical activities e. Develop IEC materials on modifiable risks f. Print and disseminate IEC materials g. Develop and broadcast health messages on major NCDs and modifiable risks in radios, TV stations and mobile phones h. Develop and broadcast panel discussion, TV documentaries, radio and TV spots on major NCDs i. Sensitize alternative healers on sign and symptoms of major NCDs
3.10.3.2.5.3	Implement school education modules on healthy living	a. Develop school education modules on healthy living b. Sensitize District School Health Coordinators on the modules on healthy living c. Sensitize school health teachers on the modules on healthy living d. Teach school children on the modules on healthy living

SN	Priority actions	Activities
3.10.3.2.5.4	Early detection and appropriate management of NCDs (Cancer, Diabetes, Cardiovascular, Sickle Cell, Renal, Mental health, and respiratory)	a. Develop comprehensive screening policy guidelines b. Develop screening tools including registers for NCDs c. Orient health care workers on screening of NCDs to high risk groups d. Conduct screening programs/campaigns to high risk groups including family members e. Strengthen referral and linkages at all levels for continuum of care
3.10.3.2.5.5	Provide preventive therapy for NDCs (Cardiovascular, Cancer, Respiratory, Renal and Mental health	a. Facilitate preventive vaccinations and therapy such as HPV, HPB) pneumococcal , Rheumatic fever and (aspirin, statins b. Provision preventive for those at high risk of renal diseases
3.10.3.2.5.6	Support promotion of laws and legislations that prevent the rise of NCDs	a. Collaborate with relevant institutions to raise public awareness on road safety, tobacco and alcohol use b. Review and adapt tobacco protocol regulation act of 2003 c. Develop smoke quit programs and guidelines d. Develop guidelines for alcohol and substance abuse prevention and control e. Review Occupational and environmental policy and legislations to reduce exposure through air, water and food to chemical hazards that cause NCDs

3.10.3.2.6 Priority actions and activities for strategic interventions to:

Strengthen physical rehabilitation and palliative care

SN	Priority actions	Activities
3.10.3.2.6.1	Support rehabilitation services at levels of care	a. Create of a Physical Rehabilitation Office within the Ministry of Health that manages the platform of all stakeholders within the sector b. Develop rehabilitation guidelines for major NCDs c. Train rehabilitation workers on major NCDs guidelines. d. Equip rehabilitation workshops with machines and raw materials for manufacturing of assistive devices e. Support outreach services for rehabilitation
3.10.3.2.6.2	Support Palliative care	a. Review and update national palliative care policy guidelines and strategy b. Oversee implementation of palliative care policy guidelines and strategy
3.10.3.2.6.3	Strengthen community based rehabilitation and palliative care	a. Adapt, develop and print Community Based Rehabilitation guidelines b. Orient community health workers on the guideline c. Develop simple SOPs for rehabilitation and palliative care for Community care workers d. Build capacity of Community Health Workers for Community based rehabilitation (CBR) and palliative care e. Review /develop and print patients' self-management care booklets for chronic diseases such as diabetes, hypertension, cancer, renal, sickle cell disease. f. Provide Community Health Workers with enablers and logistical support for community based rehabilitation and palliative care g. Strengthen/establish community based rehabilitation referral linkages for continuum of care

3.10.3.2.7 Priority actions and activities for strategic intervention to:

Implement Collaborative TB/diabetes

SN	Priority actions	Activities
3.10.3.2.7.1	Establish TWG for collaborative TB diabetes at all levels	a. Conduct a meeting with NTLP and plan establishment of TWG at all levels b. Launch TWG for Collaborative TB/ diabetes at all levels
	Review M&E systems to include information on TB/diabetes	a. Develop diabetes card with unique identification number and include TB/ diabetes information b. Review recording and reporting tools to include information on TB/diabetes
3.10.3.2.7.2	Support Health facility to implement collaborative TB/activities	a. Develop TB/Diabetes training materials b. Train health care providers on collaborative/TB diabetes c. Select regions and sites for phase implementations of TB/diabetes d. Strengthen referral and linkages mechanisms between TB and diabetes clinics e. Ensure availability drugs and supplies for TB/diabetes services f. Conduct joint supportive supervision g. Conduct evaluation of the pilot phase and disseminate findings h. Scale up TB/diabetes services

Indicators of Success

- Number of health facilities with Integrate NCD services
- Number of NCD community groups
- Number of health facilities with integrated Practical Approach to Lung Health (PAL)
- Number of hospital with rehabilitation services
- Number health facilities reported interrupted supply of commodities and medicines for NCDs
- Number of training materials developed
- Number of ASCM strategies developed
- Number of health care providers trained on NCDs
- Number of community sensitized on NCDs
- Number of school teachers train health modules
- Number of health facilities implementing collaborative TB/diabetes services
- Number of people with diabetes screened for TB

- Number of people with diabetes diagnosed with TB
- Number of people with diabetes on TB treatment
- Age standardized mean population intake of salt (sodium chloride) in grams in persons aged 18+ years
- Age standardized mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years
- Age standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400g) of fruit and vegetables per day
- Proportion of mothers practicing exclusive breastfeeding
- Number and type of public campaigns and social marketing carried out
- School health programs evaluation reports
- Legislation implementation reports on food marketing and labeling
- Market surveys

Expected Outcomes

- A 30% reduction in mean salt consumption
- 30% reduction in the proportion of individuals population consuming less than five total servings (400g) of fruit and vegetables per day from baseline
- Increased proportion of mothers practicing exclusive breastfeeding from baseline
- Increased community awareness of healthy food
- NCD health education implemented in schools
- Policies for nutrition labeling of processed food and meals in place and are implemented

Modifiable risk factors

Indicators of Success

- ACSM strategy for NCD developed
- Number of community sensitized on major NCDs and modifiable risks
- Number of communities, workplace and schools with centers for exercise
- Alcohol related morbidity and mortality among adolescents and adults
- Number of reported deaths from injuries and trauma
- Number of health facilities provide rehabilitation and palliative care

Expected outcomes

- NCD health education implemented in schools
- 10% reduction in the prevalence of insufficient physical activity
- A 10% reduction in the harmful use of alcohol
- Proportion of women between the ages of 30-49 screened for cervical cancer at least once
- Coverage of HPV vaccine among school girls aged 9 to 13 years
- Reduced exposure to environmental hazards
- NGO's and civil society organizations are engaged and are implementing NCD prevention and control activities

3.10.3.3 Summary of Priority Intervention for the Major Conditions

The above section outlines all that could be done in the various areas of NCD prevention and control, with the underlying focus on modifiable risk factors through population based approaches. Table 3 indicates the priority interventions for the specific disease groups in Tanzania given resource limitations.

Disease Group	Goal by 2020	Priority area of Action	Partners/ Stakeholders
Diabetes	• 10% relative reduction in the prevalence of diabetes from baseline • 20% reduction in the overall mortality from diabetes	• Community sensitization on healthy diet and physical activity. • Early detection and appropriate management of diabetes at all levels • Early detection and management of acute and chronic complications (foot, DKA, infections)	MoHCDGEC, TDA, IDF, TANCDA, Training institutions, Professional associations, WDF, Global NCD Alliance, DANCDA, community support groups, MEDIA
Cardiovascular	• 25% relative reduction in the prevalence of raised blood pressure from baseline • 10% reduction from baseline total Cholesterol • 20% reduction in the overall mortality from cardiovascular diseases (hypertension, heart failure, stroke, rheumatic fever, rheumatic heart disease	• Community sensitization on healthy diet and physical activity. • Early detection and appropriate management of cardiovascular diseases • Preventive treatment for stroke and MI (aspirin, statins) • Preventive treatment for Rheumatic fever (penicillin)	MoHCDGEC , PMORALG, Heart Foundation, Health facilities, Training institutions, Professional associations, community support groups and other NGOs, Media, TANCDA, DANCDA

Disease Group	Goal by 2020	Priority area of Action	Partners/ Stakeholders
Cancer	• Proportion of patients detected with early cancer increased by 50% from the baseline (health facility level) • Implement & Achieve 80% coverage for HPV vaccine for school girls (9-13 years) • 20% reduction in the overall mortality from cancer • Palliative care - 60% of cancer and HIV patients accessing palliative care services	• Community sensitization on healthy diet and physical activity. • Early detection and appropriate management of cancers • Preventive vaccination (HPV, HPB) • Advocacy at the higher level to support palliative care services in the country including availability of morphine and other drugs	MoHCDGEC , PMORALG, TCA,MEWATA, 50 PLUS, Tanzania Palliative Care association, Health facilities, Training institutions, Professional associations, community support groups and other NGOs, Media, TANCDA, DANCDA, WAMA, PINK RIBBON ALLIANCE, International Atomic Energy
Respiratory	• 20% reduction in the overall mortality from chronic respiratory diseases	• Community sensitization on indoor and outdoor pollution, healthy diet and physical activity • Early detection and appropriate management of respiratory diseases • Preventive vaccination (pneumococcal)	MoHCDGEC, PMORALG, TIIDO, World LUNG FOUNDATION, OSHA, IFHI, Training / Research institutions, Tanzania ASTHMA Foundation, European Respiratory Society, TANCDA, DANCDA

Disease Group	Goal by 2020	Priority area of Action	Partners/ Stakeholders
Sickle Cell	• 50% increase from baseline in survival rates for SCD (20% WHO)	• Community sensitization on sickle cell disease • Early detection and appropriate management and comprehensive care SCD including oral penicillin and pneumococcal vaccination • Sickle cell screening and counseling program for the community • Screening for SCD screening at health facilities among newborns in high prevalence areas.	MoHCDGEC, PMORALG, Training / Research institutions e.g. MUHAS, Tanzania Sickle Cell Foundation, World Sickle Cell Federation, wellcome trust, NIH
Renal	• 50% increase from baseline in the number of hypertensive and diabetes patients receiving annual screening for urinary protein	• Community sensitization healthy diet and physical activity. • Early detection and appropriate management of patients with renal disease • Preventive treatment for those at high risk of renal diseases such as hypertensive and diabetes patients	MoHCDGEC, TANCDA, Training institutions, Professional associations, WDF, Global NCD Alliance, DANCDA, community support groups, MEDIA, Tanzania Kidney Foundation, World Kidney Foundation

Disease Group	Goal by 2020	Priority area of Action	Partners/ Stakeholders
Mental Health and substance Abuse	• reduce suicide rate by 10% • reduce depression by 10% from the baseline • Increase by 20% from the base line provision of comprehensive, integrated and responsive mental health and social care services in the community	• Community sensitization on healthy diet and physical activity • Early detection and appropriate management • Strengthen effective leadership and governance for mental health • Implement strategies for promotion and prevention in mental health • Strengthen information systems, evidence and research for mental health	MoHCDGEC, PMORALG, Training / Research institutions, TANCDA, DANCDA, MEHATA, World Health Federation, MDM, DCC, MoHome Affairs, MoSports,
Injuries and Trauma	• Reduce by 20% from baseline the overall mortality from injuries and trauma	• Raise community awareness on safe road use • Improve post injury care by training health care workers on managing acute injuries • Promote laws and legislations that ensure road safety e.g use of safety belts, child restraint, speed limits, drinking and driving laws etc	• Muhimbili Orthopedic Institute (MOI), MNH, MOH&SW, Police force, PMORALG

Disease Group	Goal by 2020	Priority area of Action	Partners/ Stakeholders
Oral Health	• An Increase by 20% proportion of cavity free 6 year olds • A 20% reduction by 20% the DMTP particularly the D component • A reduction by 20% in the proportion of individuals aged 18 with teeth loss due to periodontal disease from baseline	• Community sensitization on healthy diet and avoidance of sugary foods • Early detection and appropriate management of oral health problems • Strengthen effective leadership and governance for oral health • Implement strategies for promotion prevention in oral health	MOH&SW, TANCDA, Tanzania Dental Association, MNH

3.10.4 Objective 4:

To Strengthen the National Capacity for NCD surveillance, monitoring and evaluation and research for evidence based planning by 2020

3.10.4.1 Rationale

A framework for national and global monitoring, reporting, and accountability, with agreed sets of indicators, is essential to ensure that the returns on investments in NCDs meet the expectations of all partners. The Ministry will adopt and define the Global NCD targets to a minimum set of national targets and indicators including health-system performance indicators for measuring progress of NCD prevention. The indicators listed for each of the above areas of the plan are quantified and summarized in Annex 1. Technical support will be sought to strengthen monitoring framework and the M&E systems.

National research agenda will be developed and implemented in collaboration with academia, and research institutions to answer specific problems and to generate data that will support efforts for resource mobilization. The conducted research will be disseminated and used to inform policy for decision making. In additional, population survey will be conducted regular at the recommended interval to monitor trend in key risk factors for NCD and the uptake of priority interventions.

The implementation of this strategic plan II (2016 -2020) will be monitored to guide the NCD section to meet the targets in the plan. Surveillance data will be collected and used to inform policy, monitor and evaluate progress towards achieving targets. NCDs supportive supervision and mentoring will be conducted in cascade approach: The national will supervise regions on annual basis. The regions will supervise districts and districts will supervise health facilities on quarterly basis as per RHMTs and CHMTs schedules. NCD supervision tool will be incorporated into the regional and district tools.

Technical progress report on quarterly, semi-annual and annual basis will prepare and used. The reports will be submitted to development partners/donors based on their reporting calendar. Annual stakeholders meeting will be conducted to review progress on implementation including identifications of shortfalls. A plan to address shortfalls will be prepared and implemented. In addition, mid and end term review will be conducted to offer an opportunity to learn from the experience of the first two years of the plan, taking corrective measures where actions have not been effective and reorienting parts of the plan in response to unforeseen challenges and issues.

3.10.4.2 Strategic interventions

i. Strengthen capacity for surveillance system monitoring and evaluation of the strategic plan

ii. Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders

iii. Monitor and evaluate progress of the strategic plan.

Strategies

Indicators of success

- Minimum set of indicators for monitoring implementation of NCD prevention and control are in place and shared with stakeholders for action
- A functional Monitoring framework for NCD surveillance is in place

Expected outcome

- Surveillance of NCD risk factors carried out every 4 years to monitor trends
- Surveillance systems for NCDs are well coordinated and functional
- National registries for cancer, diabetes and other chronic diseases are in place and up to date
- National monitoring framework in place
- National NCD research agenda in place and disseminated
- Capacity for data management at all levels of care are strengthened and data is submitted timely

3.10.4.2.1 Priority actions and activities for strategic intervention to:

Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders

SN	Priority actions	Activities
3.10.4.2.1.1	Strengthen coordination between NCD section and research institutions and academia	a. Establish position for research focal person at NCD section b. Establish national NCD research committee with other stakeholders c. Conduct a workshop with research institutions and academia to develop a national research agenda for NCDs and identify previous researches conducted and it utilization d. Mobilize funding within and from international agencies to support research priority areas e. Conduct operational research and survey on identified priority areas in collaboration with research institutions and other stakeholders
3.10.4.2.1.2	Build NCD section capacity to conduct operational research	a. Conduct refresher training to NCD staff on operational research methodology b. Seek technical assistance to develop research proposal including survey
3.10.4.2.1.3	Promote research and utilization to inform policy and practice	a. Develop a framework to monitor NCD research and its utilize b. Disseminate research findings locally and internationally c. Publish research finding in peer review locally and internationally

3.10.4.2.2 Priority actions and activities for strategic intervention to:

Monitor and evaluate progress of the strategic plan

SN	Priority actions	Activities
3.10.4.2.2.1	Review and update monitoring and evaluation systems and framework for NCDs	a. Seek technical assistance/consultant to review and update monitoring and evaluation systems and framework b. Conduct workshop to Review data collection tools for major NCDs to incorporate WHO recommendations a minimum set of national targets and indicators c. Support/coordinate review District Sentinel Survey (DSS) tools to incorporate NCD data variables

SN	Priority actions	Activities
3.10.4.2.2.2	Build capacity for data management and utilization at all levels	a. Develop standardized training protocol for routine surveillance and tracking system of NCDs b. Train clinicians on the protocol for routine surveillance including recording, reporting, data analysis and utilization at point of care c. Print and distribute R&R tools for NCDs d. Conduct post training supportive supervision
3.10.4.2.2.3	Monitor implementation of the NCD strategic plan	a. Conduct joint supportive supervision with partners to regions on NCDs annually b. Ensure regional and district supportive supervision tools include NCDs c. Develop technical progress reports: quarter, semi-annual and annual d. Conduct annual meeting with key stakeholders to review progress of implementation e. Conduct midterm and end term review of the strategic plan II

3.11 Resources

The activities included in the action plan will be financed by the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) annual budget through its Medium Term Expenditure framework (MFEF) that distribute both government funding and partners funding through the basket funds and funds from civil societies (e.g. TANCDA) and other donors.

3.12 Assumptions and Risks

The underlying assumptions for the successful implementation of this plan is that there will be political commitment to spearhead the NCD activities, also there will be positive environment that will foster multi-stakeholder involvement in the planned activities. Availability of funding also could affect the implementation of the plan.

The plan assumes that NCD prevention and control will be mainly at population level addressing the major risk factors through legislations and high risk/individual approach by treating those affected or at high risk, by means of evidence based approaches.

The major risks to this plan are the lack of political will and unavailability of funds, unfavorable sociocultural norms and the industry i.e. cigarette, alcohol, beverage food industries.

4 References

1. Alwan, A., Maclean, D. R., Riley, L. M., D'espaignet, E. T., Mathers, C. D., Stevens, G. A. & Bettcher, D. 2010. Monitoring and surveillance of chronic non-communicable diseases: progress and capacity in high-burden countries. *The Lancet,* 376, 1861-1868.
2. AMMP 1997. Policy Impications of the Adult Morbidity and Mortality Project. Tanzania.
3. Demyttenaere K, B. R., Posada-Villa J. et al 2004. Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization world mental health surveys. *JAMA,* 291, 2581-2590.
4. Ferlay, J., Shin, H.-R., Bray, F., Forman, D., Mathers, C. & Parkin, D. M. 2010. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *International Journal of Cancer,* 127, 2893-2917.
5. IARC 2002. GLOBOCAN.
6. Kearney, P. M., Whelton, M., Reynolds, K., Muntner, P., Whelton, P. K. & He, J. 2005. Global burden of hypertension: analysis of worldwide data. *The Lancet,* 365, 217-223.
7. Lim, S. S., Vos, T., Flaxman, A. D., Danaei, G., Shibuya, K., Adair-Rohani, H., et al. 2012. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990?2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet,* 380, 2224-2260.
8. Lozano, R., Naghavi, M., Foreman, K., Lim, S., Shibuya, K., Aboyans, V., et al. 2012. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet*, 380, 2095-2128.
9. Mayige M, K. G., Ramaiya K, Swai A. 2012. Non communicable diseases in Tanzania: a call for urgent action *Tanzania Journal of Health Research, Tanzania Journal of Health Research,* 14.
10. MOH 2012. STEPS Survey of NCD Risk Factors. Dar es Salaam. Tanzania: Ministry of Health Community Development Gender Elderly and Children.
11. Murray, C. J. L., Vos, T., Lozano, R., Naghavi, M., Flaxman, A. D., Michaud, C., et al. 2012. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990?2010: a systematic analysis for the Global Burden of Disease Study 2010. *The Lancet,* 380, 2197-2223.
12. UICC 2005. Global Action Against Cancer. UICC.
13. Whiting, D. R., Guariguata, L., Weil, C. & Shaw, J. 2011. IDF diabetes atlas: global estimates of the prevalence of diabetes for 2011 and 2030. *Diabetes Res Clin Pract,* 94, 311-21.
14. WHO-AFRO 2011. The Brazzaville Declaration on Noncommunicable Diseases Prevention and Control In the Who African Region. Brazzavile, Congo: World Health Organisation, African Region.
15. WHO 2004. Global Burden of Disaese Report. Geneva: World Health Organisation.

16. WHO 2005. Preventing Non Communicable Diseases: A vital Investment. Geneva: World Health Organisation.

17. WHO 2008. The Global Burden of Disease: 2004 update. Geneva: World Health Organisation.

18. WHO. 2011a. *NCD Country Profiles* [Online]. Geneva: World Health Organisation. Available: http://www.who.int/nmh/countries/tza_en.pdf [Accessed September 2013].

19. WHO. 2011b. *Sickle Cell and Other Hemoglobin Disorders* [Online]. Geneva: World Health Organisation. Available: http://www.who.int/mediacentre/factsheets/fs308/en/ [Accessed 2013.

20. WHO. 2013a. *Oral Health: What is the Burden of Oral Disease?* [Online]. Geneva: World Health Organisation.Available: http://www.who.int/oral_health/disease_burden/global/en/index.html 2013].

21. WHO. 2013b. *Road Traffic Injuries* [Online]. Geneva: World Health Organisation. Available: http://www.who.int/mediacentre/factsheets/fs358/en/index.html [Accessed September 2013].

22. *Pascolini D, Mariotti SPM. Global estimates of visual impairment: 2010. British Journal Ophthalmology Online First published December 1, 2011 as 10.1136/bjophthalmol-2011-300539*

5 Annexes

5.1 Annex 1: Summary of Indicators for Monitoring and Evaluation

	Indicator Level				
Priority Actions / Indicators	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
A. **Attain political commitment with increased and sustained financing for NCDs**					
a) % increase in the proportion of budget available for NCD prevention and control b) Decrease in the number of days essential medicines are out of stock in public facilities c) % increase in the annual budgetary allocations and resources earmarked for NCD activities d) % increase in the proportion of population covered by health insurance					
B. Review existing policy and legislation to improve prevention and control, to NCDs services					
a) Number of new/revised NCDS related legislation implemented *See list below this table					
C. Establish a sustainable coordination system of multi sector approach to address NCDs prevention and control					
a) % of planed multisectoral actions that are implemented					
D. Strengthen (NCD section) capacity to coordinate and manage NCDs prevention and control services					
a) % of planned monitoring visits accomplished					

	Indicator Level				
Priority Actions / Indicators	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
E. Increase access for major non communicable diseases					
a) % of health facilities with Integrate NCD services b) % of hospitals with NCD related patient/ community support groups c) % of health facilities without reported interrupted supply of commodities and medicines for NCDs d) % of health care providers trained on NCDs e) % of adults in the community sensitized on NCDs f) % of school teaching health modules g) % of health facilities implementing collaborative TB/diabetes services					
F. Scale up centre excellence for NCDs (cancer, renal, sickle cell and cardiac center) in zonal referral hospitals					
a) % of planned supportive supervision sessions conducted by zonal centres					
G. Integrate NCD services into existing health care services at all levels of care including community participation.					
a) % of health training manuals/curricula revised to comprehensively include NCDS					
H. Reduce modifiable NCDs risk factors and create health promoting environment					
I. Advocacy communication and social mobilization Strategic plan (ACSM) to sensitize community on NCDs					
a) At least 80% coverage of HPV vaccine among school girls aged 9 to 13 years b) % of population with preventive pneumococcal vaccination c) % of workplaces meet legal environmental standards d) % of adult population sensitized on major NCDs and modifiable risks e) % of urban workplaces with centers for exercise					

	Indicator Level				
Priority Actions / Indicators	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
J. Promote community based approaches and sensitization for prevention and control for NCDs					
a) Number of NGO's and civil society organizations engaged and implementing NCD prevention and control activities					
K. Implement school education modules on healthy living					
a) NCD health education implemented in schools					
L. Early detection and appropriate management of NCDs (Cancer, Diabetes, Cardiovascular, Sickle Cell, Renal, Mental health, and respiratory)					
a) Proportion of women between the ages of 30-49 screened for cervical cancer at least once b) Proportion of patients detected with early cancer increased by 50% from the baseline (health facility level) c) % of newborns screened and mothers counseled on sickle cell in high prevalence areas d) % of adults screened for hypertension and diabetes					
M. Strengthen physical rehabilitation and palliative care					
a) % of hospitals with rehabilitation services					
N. Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders					
a) Surveillance of NCD risk factors carried out every 4 years to monitor trends b) National registries for cancer, diabetes and other chronic diseases are in place and up to date c) % of indicator data routinely collected through the HIMS system d) % of new policies are evidence based e) % of identified priority research carried out					

	Indicator Level				
Priority Actions / Indicators	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
O. Monitor and evaluate progress of the strategic plan					
a) % of expected reports are submitted on time					
Impact and Outcome Indicators of Success for both Monitoring and Evaluation					
P. Overall Outcome (Mortality)					
a) 20% reduction in mortality among people less than 70 years due to cardiovascular disease, chronic respiratory disease, cancer and diabetes					
b) 10% reduction from baseline of suicide rates in the general population					
c) 50% increase from baseline in survival rates of SCD patients (20% WHO)					
d) Reduce by 20% from baseline the overall mortality from injuries and trauma					
e) 20% reduction in alcohol related morbidity and mortality among adolescents and adults					
Q. Community Interventions plus legislation					
a) 30% reduction in the prevalence of tobacco use by 2020 compared to baseline 2012 STEPS data.					
b) 10% relative reduction in persons aged 15+ per capita consumption of alcohol from baseline					
c) Reduction in the mean population intake of salt to less than 5gms per day. (A 30% reduction in mean salt consumption)					
R. Community Interventions					
a) 0% increase in obesity prevalence from baseline					
b) 10% reduction from the baseline in the proportion of individuals who are physically inactive					
c) 50% increase from the baseline in the proportion of patients detected with early cancer (health facility level)					
d) 25% reduction from baseline in the prevalence of raised blood pressure					

e) 10% reduction from baseline total Cholesterol					
	Indicator Level				
Priority Actions / Indicators	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
f) 10% reduction from baseline in the proportion of individuals with raised total cholesterol					
g) 10% reduction from baseline in the prevalence of diabetes					
h) 50% increase from the current level of community awareness on NCDs					
i) 70% increase from baseline in the level of community awareness of sickle cell					
j) 10% of couples in affected regions receive pre-marital SCD screening					
k) To increase by 20% the proportion of cavity free 6 year olds					
l) To reduce by 20% the DMPT particularly the D component at age 12					
m) To reduce by 20% the number of teeth loss due to periodontal disease for juveniles up to 18 year old.					
n) 30% reduction in the proportion of individuals population consuming less than five total servings (400g) of fruit and vegetables per day from baseline					
o) Increased proportion of mothers practicing exclusive breastfeeding from baseline					
S. Improved facility care					
a) Implement and achieve 80% coverage for HPV vaccine for school girls (9-13 yrs)					
b) 50% of people diagnosed with stroke or heart disease use aspirin for prevention of further cardiovascular diseases					
c) 50% increase from baseline access to essential medicines for those diagnosed with the major NCDs					
d) 50% increase in the proportion of newborns at health facilities screened for Sickle Cell Disease					
e) 70% increase from baseline in the proportion of SCD patients receiving standardized care and treatment					

	Indicator Level				
Priority Actions / Indicators	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
f) 50% patients with diabetes or hypertension receive urine tests for proteins at least yearly					
g) % of patients with hypertension and diabetes with annual reviews for complications					

5.2 Annex 2: Implementation Status of Key NCD Prevention Legislations in Tanzania

NCD Prevention Interventions	Legislations
Reductions in prevalence of smoking	**The Tobacco Products (Regulation) Act 2003**
a) Full implementation of the WHO Framework Convention on Tobacco Control (FCTC) and in particular	Partial
b) Demand reduction measures at the highest level for tobacco product tax	Implemented though not at highest level
c) Large pictorial health warning labels	Absent
d) Comprehensive smoke-free legislation	Present
e) Bans on all forms of tobacco advertising, promotion and sponsorship	Present
Challenge: Enforcement of the legislation in place by the stakeholders. The history of tobacco control in Tanzania dates back to 2003, when the country enacted the Tobacco Products (Regulation) Act, (TPRA, 2003). Unfortunately TPRA (2003) is flawed, with loopholes that give a leeway to the tobacco industry to continue its advertising, promotion and sponsorship activities that have resulted into increasing tobacco use, especially among the youth. Tanzania also ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2007. Sadly, even six years after ratification of the FCTC, Tanzania is yet to come up with effective tobacco control legislation in line with the Convention.	
Reduction in alcohol consumption	Traditional Liquor (Control of Distillation) Act, The Spirits Act, The Potable Spirits (Compounding) Act, Intoxicating Liquors Act
a) Implementation and enforcement of effective and cost-effective alcohol policies	Partial
b) pricing policies to decrease affordability of alcohol	Present
c) legally binding restrictions on alcohol advertising	Present
d) marketing of alcoholic beverages	Absent
e) restrictions on access to alcoholic beverages	Present

NCD Prevention Interventions	Legislations
Challenge: Enforcement of the legislation in place by the stakeholders	
Salt reduction interventions	Tanzania Food and Nutrition Act, Tanzania Bureau of Standards Act, The Tanzania Food, Drugs and Cosmetics Act (2003)
a) including mass media campaigns to inform and empower consumers to make informed choices	Partial
b) product reformulation to reduce the salt content of processed foods	Present
c) population level interventions which increase physical activity and improve poor diet	Absent
d) including by reducing salt intake	Absent
Challenge: Awareness is low, enforcement of regulations is an issue, quality of salt produced at salt producing mines is not meeting the required standards and future sustainability of potassium iodate is not yet guaranteed	
Reduction in cervical cancer	Policy stage
a) good-quality cervical cancer screening programs	Present
b) vaccination against HPV 16 and 18	Present
c) population-based screening programs	Present
d) access to cervical cancer screening	Limited
Challenge: Inclusion of HPV vaccines in National immunization programs, awareness of cervical cancer, coordination of cervical cancer prevention programs.	
Reduction in fat consumption	The Tanzania Food, Drugs and Cosmetics Act (2003)
a) Reduction of industrially produced trans-fatty acids (and their virtual elimination)	Partial
b) legislation limiting trans-fatty levels in foods	Partial
c) food labeling initiatives	Present
Challenge: Enforcement of the present legislation and awareness	
Optimal diet	
a) achieving a balance between energy intake from food and energy expenditure from physical activity to maintain a healthy weight	Absent
b) limiting energy intake from total fats (not to exceed 30 per cent of total energy intake)	Absent
c) shifting fat consumption away from saturated fats to unsaturated fats	Absent
d) elimination of trans fatty acids	Partial

NCD Prevention Interventions	Legislations
e) limiting intake of free sugars	Absent
f) limiting sodium consumption from all sources	Partial
g) ensuring that salt is iodized	Present
h) increasing the consumption of fruits legumes, whole grains and nuts	Absent
Challenge: Awareness which will ideally lead to creation of the much needed legislation to this effect	
Physical activity	
Road construction (foot and bicycle paths)	Absent
Sports activities (in schools and work places)	Present
Town Planning (open spaces)	Absent
Challenge: Awareness which will ideally lead to creation of legislation to this effect, Physical Education in the curriculum not taken seriously	
Injury Prevention (RTA)	
Penalty system for drivers	Yes, partially enforced
National Speed limits	Yes, partially enforced
National drink–driving law	Yes, partially enforced
National motorcycle helmet law	Yes, partially enforced
National seat-belt law	Yes, partially enforced
National child restraint law	No
National law on mobile phones while driving	No
Challenge: The existing legislations are not fully enforced	

5.3 Annex 3: NATIONAL NCD ACTION PLAN 2016/17 - 2020/21

BUDGET SUMMARY

Objective / Actions	Amount (TZS)
Objective 1: To Advocate for NCD prevention and control as a National Priority by 2020	
Attain political commitment with increased and sustained financing for NCDs	
Secure adequate financial resources for NCD prevention and control services in the country	3,030,655,000
Market NCDs strategic plan to partners for mobilizing resources	468,560,000
Review existing policy and legislation to improve prevention and control, to NCDs services	
Review various policies and legislation	153,200,000
Objective 2: To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020	
Establish a sustainable coordination system of multi sector approach to address NCDs prevention and control at all levels	
Establish a high-level inter-ministerial committee to facilitate and monitor Multispectral action for NCD prevention and control	73,860,000
Establish/Strengthen Multisectoral coordinating Committee at all levels	691,600,000
Support multisectoral coordination committee meetings at national, regional and district	12,470,800,000
Strengthen (NCD section) capacity to coordinate and manage NCDs prevention and control services	
Implement NCD human resource management plan	0
Build NCD section staff capacity to acquire necessary skills and competences to implement NCD SP	142,120,000
improve NCD section working condition	28,000,000
Objective 3: To strengthen and reorient health systems to address NCDs through promotive, preventive, curative and rehabilitative services by 2020	
Increase access for major NCDs	
Scale up NCDs services at primary levels	388,360,000
Capacity building to HCWs to implement NCDs services in scaled up districts	16,890,795,000
Ensure uninterrupted supply of major NCDs drugs and commodities	0
Scale up centers of excellence for NCDs (cancer, renal, sickle cell, diabetes and cardiac) in zonal referral hospitals	
Refurbish identified targeted zone referral hospital to provide quality for cancer, diabetes, renal, and cardiovascular	55,000,000
Build capacity of health workers from targeted zone referral hospital to provide cancer, renal, sickle cell and cardiovascular services	0
Support centers of excellence in the decentralized zonal referral hospitals	622,800,000
Integrate NCD services into existing health care services at all levels of care including community participation	
Incorporate comprehensive NCDs prevention and control services in health training curricula	29,175,000
Incorporate NCDs relevant component to be reflected in (RCH/PMTCT, NACP, NTLP, EPI) training manuals	29,835,000

Implement Practical Approach to Lung health (PAL)	
Introduce PAL as integrated management in primary health care in order to Strengthen management of respiratory disease	25,590,000
Support Health facility to implement PAL in phase manner	0
Reduce modifiable NCDs risk factors and create health promoting environment	
Advocacy communication and social mobilization Strategic plan (ACSM) to sensitize community on NCDs	2,297,515,000
Promote community based approaches and sensitization for prevention and control for NCDs	23,764,295,000
implement school education modules on healthy living	2,577,570,000
Early detection and appropriate management of NCDs (Cancer, Diabetes, Cardiovascular, Sickle Cell, Renal, Mental health, and respiratory)	10,515,000
Provide preventive therapy for NDCs (Cardiovascular, Cancer, Respiratory, Renal and Mental health	0
Support promotion of laws and legislations that prevent the rise of NCDs	204,000,000
Strengthen rehabilitative and palliative care	
Create of a Physical Rehabilitation Office within the Ministry of Health that manages the platform of all stakeholders within the sector	10,955,000
Support palliative care	7,920,000
Strengthen community based rehabilitation and palliative care	415,585,000
Provide Community Health Workers with supplies for community based rehabilitation and palliative care	0
Implement Collaborative TB/diabetes	
Establish TWG for collaborative TB diabetes at all levels	110,250,000
Review M&E systems to include information on TB/diabetes	0
Support Health facility to implement collaborative TB/activities	0
Objective 4: To Strengthen the National Capacity for NCD surveillance, monitoring and evaluation and research for evidence based planning by 2020	
Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders	
Strengthen coordination between NCD section and research institutions and academia	12,080,000
Build NCD section capacity to conduct operational research	70,800,000
Promote research and utilization to inform policy and practice	0
Monitor and evaluate progress of the strategic plan	
Review and update monitoring and evaluation systems and framework for NCDs	33,590,000
Build capacity for data management and utilization at all levels	0
Monitor implementation of the NCD strategic plan	68,560,000
Total (TZS)	**64,683,985,000**
Total (US$)	**32,341,993**

5.4 Annex 4: Unit Cost for Common GFS Codes

Code	GFS Code Description	Unit of Measure	Unit Cost of Inputs
1	Advertising and Publication	Advert	2,000,000
2	Air conditioners	Unit	2,000,000
3	Air Travel Tickets - International	Person	4,000,000
4	Air Travel Tickets - Local	Person	700,000
5	Benefit for PLHIV	Monthly	100,000
6	Bicyles	Person	500,000
7	Books, Reference and Periodicals	Monthly	1,500,000
8	Cleaning Supplies	Monthly	500,000
9	Computers, printers, scanners & other related equipment	Unit	2,000,000
10	Consultancy Fees	Personday	472,000
11	Diesel	Litre	2,200
12	Direct labour (contracted or casual hire)	Lot	1,500,000
13	Extra - Duty	Day	30,000
14	Food and Refreshments	Person	20,000
15	Furniture and Fittings	Lumpsum	10,000,000
16	Gifts/Prizes	Person	500,000
17	Ground Travel (Bus, Railway, Taxi, etc)	Person	100,000
18	Heavy Equipment	Lot	5,000,000
19	Hiring of Training Facilities	Lot	500,000
20	Insurance expenses	Year	2,500,000
21	Internet and Email Connections	Month	1,500,000
22	Laboratory Supplies	Unit	3,000,000
23	Library Books	Copy	50,000
24	Medical Gases and Chemicals	Carton	1,000,000
25	Motor Vehicles and Water Crafts	Unit	2,000,000
26	News Service Fees	Paper	2,500,000
27	News Services Fees (Airtime)	Hour	500,000
28	Newspapers and Magazines	Month	500,000
29	Office Consumables (stationaries)	Lot	700,000
30	Office Consumables (stationaries) - Participants	Person	5,000
31	Outfit Allowance	Person	300,000
32	Per Diem - Domestic (DSA)	Day	120,000
33	Printing and Photocopying Costs	Page	200
34	Production and Printing of Training Materials	Lot	500,000
35	Programs Transmission Fees	Hour	1,000,000
36	Rent of Vehicles and Crafts	Day	200,000
37	Scientific Equipment	Unit	1,000,000
38	Staff Uniform	Person	100,000
39	Technical Service Fees	Lumpsum	1,000,000
40	Telephone Charge (Land Lines)	Month	2,000,000
41	Travel tickets - Domestic	Person	80,000
42	Tuition Fees	Person	3,000,000
43	Venue	Day	400,000

44	Visa Application Fees	Person	400,000
45	Water charges	Month	800,000
90	Rehabilitation of buildings	Building	
91	STEPS Survey		400,000,000
92	Internal handling		
	Exchange rate: 1 US$ = 2000 TZS		

5.5 Annex 5: RESULT BASED BUDGET

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Objective 1: To Advocate for NCD prevention and control as a National Priority by 20																					
	Attain political commitment with increased and sustained financing for NCDs																					
1	**Secure adequate financial resources for NCD prevention and control services in the country**																					
a)	Generate and disseminate evidence based data to support burden of NCDs	Task Team for desk review (1 person from each major diseases, diet, physical activity)		1																		
b)	Conduct resource needs assessment in order to inform the development of national NCD plan and budget	Task team for desk review (clinician, economist, public health specialist)		1																		
c)	Conduct advocacy meetings with key policy and decision makers MoHCDGEC management team, PMORALG and development partners	Meetings		1																		
d)	Conduct Sensitization meetings with RHMTs on adequate financial and other resources allocation in CCHPs for NCDs	Meetings (16 team members + 2 TAs)		30				30				30				30				30		
e)	Conduct Sensitization meetings with CHMTs on adequate financial and other resources allocation in CCHPs for NCDs	Meetings (8 team members + 2 TAs)		170				170				170				170				170		
f)	Conduct proposal writing workshop for fund mobilization	Meetings for proposal development (5 people for each area)	5				5				5				5				5			
2	**Market NCDs strategic plan to partners for mobilizing resources**																					
a)	Conduct a workshop to orient stakeholders on NCDs Strategic Plan	Workshop (120 people for 3 days)	1																			

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
b)	Identify potential resources of Non governments funding calls for proposal	Internal working of NCD Office at MoH	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
c)	Conduct a meeting to sensitize Private Business community for funding through corporate social responsibility	Meeting of 50 people including 5 TAs	30				30				30				30				30			
d)	Conduct schedules partnership meeting to mobilize and leverage resources for NCDs based on burden of disease data	Meetings with partners (4 areas 2 officers from each area, 40 partners)	1				1				1				1				1			
	Review existing policy and legislation to improve prevention and control, to NCDs services																					
3	**Review various policies and legislation**																					
a)	Review and update Health Insurance schemes for universal coverage	Attend scheduled meetings																				
b)	Advocate for review of various policies and legislation (tobacco, alcohol, diet, physical inactivity, road traffic, occupational health and built environment)	Meeting to review legislations (20 people per meeting for each area)	8																			
c)	Disseminate evidence for appropriate taxation	Consultancy to prepare position papers (one consultant per area)	6																			
		Meetings to agree/review recommendations of the position paper (one meeting for each area)	6								6											
	Objective 2: To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020																					
	Establish a sustainable coordination system of multi sector approach to address NCDs prevention and control at all levels																					

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
4	**Establish a high-level inter-ministerial committee to facilitate and monitor Multispectral action for NCD prevention and control**																					
a)	Develop national Multisectoral framework for NCD coordination and collaboration with clear roles and responsibilities	Consultancy																				
b		Meeting of consultant with stakeholders (40 people from each area, 8 partners)																				
		Meeting to adopt the recommended framework (Partners, Ministries, MDAs)																				
c)	Identify key Inter-Ministerial stakeholders	Internal handling																				
d)	Launch Inter-Ministerial Coordinating committee for NCDs	Meetings (2 people from each ministry, all members of the committee)																				
e)	Conduct bi- annual high level Inter-Ministerial coordination committee meetings	Meetings of the committee (every six months)		1			1				1				1				1			
5	**Establish/Strengthen Multisectoral coordinating Committee at all levels**																					
a)	Develop TOR/policy guidelines for NCD multisectoral coordination committee at national, regional and district levels	See above																				
b)	Conduct sensitization meeting to partners, PMORALG including RHMTs on NCDs on the multisectoral coordination committee ToR/policy guidelines	Meetings (once) 16 members +4 officer form RAS for RHMT		30																		
c)	Conduct sensitization meeting to partners, PMORALG including CHMTs on NCDs on the multisectoral coordination committee ToR/policy guidelines	Meetings 8 members + 4 officers Council from for CHMTs		69																		
d)	Launch national, regional and district multisectoral coordinating committee	Internal handling																				

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
6	**Support multisectoral coordination committee meetings at national, regional and district**																					
a)	Conduct bi-annual multisectoral coordinating committee meetings at national level	Meetings of the committee (every six months)		1		1		1		1		1		1		1		1		1		1
b)	Conduct bi-annual multisectoral coordinating committee meetings at regional level	Meetings of the committee (every six months)		30		30		30		30		30		30		30		30		30		30
c)	Conduct bi-annual multisectoral coordinating committee meetings at district level	Meetings of the committee (every six months)		169		169		169		169		169		169		169		169		169		169
d)	Conduct national -annual multisectoral technical meeting	Meetings of the committee (every year)		1		1		1		1		1		1		1		1		1		1
	Strengthen (NCD section) capacity to coordinate and manage NCDs prevention and control services																					
7	**Implement NCD human resource management plan**																					
a)	Conduct human resource needs assessments at NCD section	Internal consultation with DAP																				
b)	Develop human resources management plan	Internal consultation with DAP																				
c)	Recruit and sustain appropriate qualified human resources at national level to implement NCD Strategic plan	Internal consultation with DAP																				
d)	Review the organizational structure based on the need	Internal consultation with DAP																				
8	**Build NCD section staff capacity to acquire necessary skills and competences to implement NCD SP**																					
a)	Train coordinators on project management, strategic planning and proposal development	Training session: 40 people + 1 consultant		5																		
b)	Support staff to attend short and long term technical and management courses relevant for NCDs control in the country	Technical training: 1 perosn 2 weeks in country			5		5															

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
c)	Support staff to attend short and long term technical and management courses relevant for NCDs control outside the country	Technical training (1 person 2 weeks outside the country)			2						2					2						
9	**Improve NCD section working condition**																					
a)	Procure 4 new desktops computers, 4 lap tops for existing and new staff	Computers, printers, scanners & other related equipment		8																		
b)	Procure 1 photocopy machines, 1 printer and 1 scanner	Computers, printers, scanners & other related equipment		1																		
c)	Procure 1 vehicles for NCDs logistic support such as travel for conducting supportive supervision, workshops, training	Internal handling																				
d)	Procure office furniture	Furniture and Fittings		1																		
	Objective 3: To strengthen and reorient health systems to address NCDs through promotive, preventive, curative and rehabilitative services by 2020																					
	Increase access for major NCDs																					
10	**Scale up NCDs services at primary and higher supporting levels**																					
a)	Conduct facility needs assessment for NCDs scale up at primary level	Consultancy				1																
b)	Sensitize RHMTs and CHMTs on scaling up plan and implementation	Meetings		30																		
c)	Provide district hospitals, health centres and dispensaries with equipment for quality NCDs services	Equipment (per hospital)			100			100														
d)	Support centers with equipment and reagents	Scientific Equipment																				
e)	Procure necessary equipment for PAL	Scientific Equipment																				
f)	Equip rehabilitation workshops with machines and raw materials for manufacturing of assistive devices	Equipment																				

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
g)	Provide Community Health Workers with enablers and logistical support for community based rehabilitation and palliative care	Scientific Equipment																				
h)	Develop plan for NCDs scale up at primary level	Internal consultation																				
11	**Capacity building to HCWs to implement NCDs services in scaled up districts**																					
a)	Update guideline for package of services (pocket booklet) for NCDs scale up	Task Team		1																		
b)	Print and distribute NCDs package of services guidelines	Production and Printing of Training Materials		1																		
c)	Review and update NCDs training curriculum to include current recommendations	Task Team		1																		
d)	Train health workers from targeted health facilities on management of major NCDs	Training Sessions: 40 people per class			30	30	30	30	30	30	30	30	30	30	30							
e)	Conduct supervision and mentorship to the trained staff	Supervision visits				240		240		240		240		240		240		240		240		240
12	**Ensure uninterrupted supply of major NCDs drugs and commodities**																					
a)	Engage a consultant to review logistics and supply chain management for major NCDs drugs and commodities	Internal handling																				
b)	Review assumptions and update national forecast for major NCDs drugs and commodities	Internal handling																				
c)	Review/Develop quantification tools for major NCDs drugs and palliative care	Internal handling																				
d)	Build capacity of staff on forecast quantification and use of tools	Internal handling																				
	Scale up centers of excellence for NCDs (cancer, renal, sickle cell, diabetes and cardiac) in zonal referral hospitals																					

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
13	**Refurbish identified targeted zone referral hospital to provide quality for cancer, diabetes, renal, and cardiovascular**																					
a)	Conduct facility assessments in hospitals that will be centre of excellence for cancer, renal, sickle cell and cardiac services	Internal handling																				
b)	Renovate/ construct building	Rehabilitation of buildings				1				1				1				1			1	
c)	Renovate and upgrade selected zonal referral hospitals with necessary, furniture, equipment and supplies.	Furniture and Fittings				1				1				1				1			1	
d)		Scientific Equipment				1				1				1				1			1	
		Internal handling																				
14	**Build capacity of health workers from targeted zone referral hospital to provide cancer, renal, sickle cell and cardiovascular services**																					
a)	Deploy qualified staff to support cancer, renal, sickle cell and cardiovascular services	Internal handling																				
b)	Collaborate with centre of excellence to Identify and train HCWs	Training Sessions																				
c)	Collaborate with centre of excellence to conduct supervision and mentorship to the trained staff	Supervision visits																				
15	**Support centers of excellence in the decentralized zonal referral hospitals to monitor implementation of services**																					
a)	Provide uninterrupted drugs	Internal handling																				
b)	Support centers with equipment and reagents	See above																				
c)	Monitor implementation of services in line with national guidelines	Supervision visits					30		30		30		30		30		30		30		30	
	Integrate NCD services into existing health care services at all levels of care including community participation																					

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
16	**Incorporate comprehensive NCDs prevention and control services in health training curricula**																					
a)	Conduct advocacy meetings with training institution for incorporation of NCDs services in school curricula	Meetings to adopt curricula		1																		
b)	Develop NCDs training component to be included into health training curricula	Task Team		1																		
17	**Incorporate NCDs relevant component to be reflected in (RCH/PMTCT, NACP, NTLP, EPI) training manuals**																					
a)	Conduct meetings with RCH/PMTCT, NACP, NTLP, EPI) programme and other key stakeholders to incorporate relevant NCDs component	Meetings		1																		
b)	Develop and disseminate an integration plan outlining services to be provided at all levels of care	Task team		1																		
c)	Orient health care providers from RCH/ PMTCT, NACP, NTLP, EPI) on NCDs	Meetings																				
	Implement Practical Approach to Lung health (PAL)																					
18	**Introduce PAL as integrated management in primary health care in order to Strengthen management of respiratory disease**																					
a)	Adopt WHO and develop PAL strategy in collaboration with NTLP	Task Team																				
b)	Establish PAL national Technical Working group	Internal handling																				
c)	Conduct needs assessment on current management of respiratory diseases in different level of health facilities	Task Team		1																		

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
d)	Develop PAL standardize clinical practice guidelines /training materials for respiratory conditions	See above		1																		
e)	Develop PAL phase implementation plan	Internal handling																				
f)	Conduct biannual meeting for PAL National Technical Working Group	Meetings																				
19	**Support Health facility to implement PAL in phase manner**																					
a)	Procure necessary equipment for PAL	See above																				
b)	Train HCWs on PAL clinical practice guidelines	Training sessions																				
c)	Provide PAL	Internal handling																				
d)	Conduct supportive supervision	Supportive supervision																				
e)	Evaluate implementation of PAL	Consultancy Fees																				
f)	Scale up PAL countrywide	Internal handling																				
	Reduce modifiable NCDs risk factors and create health promoting environment																					
20	**Advocacy communication and social mobilization Strategic plan (ACSM) to sensitize community on NCDs**																					
a)	Deploy ACSM focal person at NCD section	Internal handling																				
b)	Develop ACSM strategic plan	Task team		1																		
c)	Sensitize /involve community based on the ACSM strategic plan	Mass media event																				
		TV		30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
		Radio		30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
		Newspapers		30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
		Mobile messages		30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
21	Promote community based approaches and sensitization for prevention and control for NCDs																					

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
a)	Advocate for healthy diet and exercise centers/ rooms at workplaces, community, schools, hotels and restaurants	School health program																				
		Community		300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300
		Workplaces		300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300
		Hotels/restaurants		300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300
		Food vendors		300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300
b)	Commemorate NCDs world international days (Cancer, Kidney, Hypertension, Diabetes and sickle cell) to raise community awareness	Mass media event with screening		30																		
c)	Conduct community sensitization on health diet and physical activities	Mass media event		30																		
d)	Develop IEC materials on modifiable risks	Task team		1																		
e)	Print and disseminate IEC materials	Production and Printing of Training Materials		100																		
f)	Develop and broadcast health messages on major NCDs and modifiable risks in radios, TV stations and mobile phones	Mass media event																				
g)	Develop and broadcast panel discussion, TV documentaries, radio and TV spots on major NCDs	Task team with a consultant																				
h)	Broadcast panel discussion, TV documentaries, radio and TV spots on major NCDs	Mass media event																				
22	**Implement school education modules on healthy living**																					
a)	Develop school education modules on healthy living	Task team			1																	
b)	Sensitize District School Health Coordinators on the modules on healthy living	Training sessions			5																	
c)	Sensitize school health teachers on the modules on healthy living	Training sessions				200																
d)	Teach school children on the modules on healthy living	Task team to review curiculum		1																		

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
23	**Early detection and appropriate management of NCDs (Cancer, Diabetes, Cardiovascular, Sickle Cell, Renal, Mental health, and respiratory)**																					
a)	Develop comprehensive screening policy guidelines and screening tools	Task Team		1																		
b)	Orient health care workers on screening of NCDs to high risk groups	Training sessions																				
c)	Conduct screening programs/campaigns to high risk groups including family members	Screening camps																				
d)	Strengthen referral and linkages at all levels for continuum of care	Internal handling																				
24	**Provide preventive therapy for NDCs (Cardiovascular, Cancer, Respiratory, Renal and Mental health**																					
a)	Facilitate preventive vaccinations and therapy such as HPV, HPB) pneumococcal , Rheumatic fever and (aspirin, statins)	Meetings																				
b)	Provision preventive therapy for those at high risk of complications (renal, heart, eye, foot)	Internal handling																				
25	**Support promotion of laws and legislations that prevent the rise of NCDs**																					
a)	Collaborate with relevant institutions to raise public awareness on road safety, tobacco and alcohol use	Meetings				30																
b)	Develop smoke quit programs and guidelines	Task team																				
c)	Develop guidelines for alcohol and substance abuse prevention and control	Task team																				
	Strengthen rehabilitative and palliative care																					
26	**Support rehabilitation services at levels of care**																					

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
a)	Create of a Physical Rehabilitation Office within the Ministry of Health that manages the platform of all stakeholders within the sector	Internal handling	1																			
b)	Develop rehabilitation guidelines for major NCDs	Task team			1																	
c)	Train rehabilitation workers on major NCDs guidelines.	Training sessions																				
d)	Equip rehabilitation workshops with machines and raw materials for manufacturing of assistive devices	See above					1															
e)	Support outreach services for rehabilitation	Internal handling																				
27	**Support palliative care**																					
a)	Review and update national palliative care policy guidelines and strategy	Task team				1																
b)	Oversee implementation of palliative care policy guidelines and strategy	Supervission																				
28	**Strengthen community based rehabilitation and palliative care**																					
a)	Adapt, develop and print Community Based Rehabilitation guidelines	Task team				1																
b)	Develop simple SOPs for rehabilitation and palliative care for Community care workers	See above				1																
c)	Build capacity of Community Health Workers for Community based rehabilitation (CBR) and palliative care	Training sessions																				
d)	Review /develop and print patients self-management care booklets for chronic diseases such as diabetes, hypertension, cancer, renal., sickle cell	Task team				1																
e)	Provide Community Health Workers with enablers and logistical support for community based rehabilitation and palliative care	See above					100				100				100				100			

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
29	**Provide Community Health Workers with supplies for community based rehabilitation and palliative care**																					
a)	Strengthen/establish community based rehabilitation referral linkages for continuum of care	Internal handling																				
	Implement Collaborative TB/diabetes																					
30	**Establish TWG for collaborative TB diabetes at all levels**																					
a)	Conduct a meeting with NTLP and plan establishment of TWG at all levels	Internal handling																				
b)	Launch TWG for Collaborative TB/diabetes at all levels	Meetings			30																	
31	Review M&E systems to include information on TB/diabetes																					
a)	Develop diabetes card with unique identification number and include TB/diabetes information	Internal handling																				
b)	Review recording and reporting tools to include information on TB/diabetes	Internal handling																				
32	Support Health facility to implement collaborative TB/activities																					
a)	Develop TB/Diabetes training materials	See above																				
b)	Train health care providers on collaborative/ TB diabetes	Training sessions																				
c)	Select regions and sites for phase implementations of TB/diabetes	Internal handling																				
d)	Strengthen referral and linkages mechanisms between TB and diabetes clinics	Internal handling																				
e)	Ensure availability drugs and supplies for TB/ diabetes services	Internal handling																				
f)	Conduct joint supportive supervision	Supportive supervission																				

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
g)	Conduct evaluation of the pilot phase and disseminate findings	Task team with a consultant																				
h)	Scale up TB/diabetes services	Internal handling																				
	Objective 4: To Strengthen the National Capacity for NCD surveillance, monitoring and evaluation and research for evidence based planning by 2020																					
	Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders																					
33	**Strengthen coordination between NCD section and research institutions and academia**																					
a)	Establish position for research focal person at NCD section	Internal handling																				
b)	Establish national NCD research committee with other stakeholders	Internal handling																				
c)	Conduct a workshop with research institutions and academia to develop a national research agenda for NCDs and identify previous researches conducted and it utilization	Meeting																				
d)	Mobilize funding within and from international agencies to support research priority areas	Internal handling																				
e)	Conduct operational research and survey on identified priority areas in collaboration with research institutions and other stakeholders	Internal handling					1															
34	**Build NCD section capacity to conduct operational research**																					
a)	Conduct refresher training to NCD staff on operational research methodology	Training session																				
b)	Seek technical assistance to develop research proposal including survey	Consultancy Fees			6			6				6				6			6			

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
35	**Promote research and utilization to inform policy and practice**																					
a)	Develop a framework to monitor NCD research and its utilize	Internal handling																				
b)	Disseminate research findings locally and internationally	Internal handling																				
c)	Publish research finding in peer review locally and internationally	Internal handling																				
	Monitor and evaluate progress of the strategic plan																					
36	**Review and update monitoring and evaluation systems and framework for NCDs**																					
a)	Finalize and harmonise monitoring framework and establish indicator and annualized targets	Task team with a consultant	1																			
b)	Seek technical assistance/consultant to review and update monitoring and evaluation systems and framework	Task team with a consultant																				
c)	Conduct workshop to Review data collection tools for major NCDs to incorporate WHO recommendations a minimum set of national targets and indicators	Task team	1																			
d)	Support/coordinate review District Sentinel Survey (DSS) tools to incorporate NCD data variables	Task team		1																		
37	**Build capacity for data management and utilization at all levels**																					
a)	Develop standardized training protocol for routine surveillance and tracking system of NCDs	Internal handling																				
b)	Train clinicians on the protocol for routine surveillance including recording, reporting, data analysis and utilization at point of care	Training session																				

			Quantities per planning period																			
			2016/17				2017/18				2018/19				2019/20				2020/21			
SN	Priority Actions / Activities	Task	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
c)	Print and distribute R&R tools for NCDs	Production and Printing of Training Materials																				
d)	Conduct post training supportive supervision	Supervision sessions																				
38	**Monitor implementation of the NCD strategic plan**																					
a)	Conduct joint supportive supervision with partners to regions on NCDs annually	Task team with a consultant																				
b)	Ensure regional and district supportive supervision tools include NCDs	Internal handling	1																			
c)	Develop technical progress reports: quarter, semi-annual and annual	Internal handling																				
d)	Conduct annual meeting with key stakeholders to review progress of implementation	Meetings				1				1				1				1				1
f)	Conduct midterm and end term review of the strategic plan II	Task team with a consultant									1							1				1

5.6 Annex 6: RESULT BASED BUDGET

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
	Objective 1: To Advocate for NCD prevention and control as a National Priority by 2020										
	Attain political commitment with increased and sustained financing for NCDs	**981,435,000**	**672,325,000**	**753,925,000**	**725,605,000**	**672,325,000**	**756,635,000**	**1,428,960,000**	**2,101,285,000**	**2,826,890,000**	**3,499,215,000**
1	Secure adequate financial resources for NCD prevention and control services in the country										
a)	Generate and disseminate evidence based data to support burden of NCDs	12,595,000	0	0	0	0	12,595,000	12,595,000	12,595,000	12,595,000	12,595,000
b)	**Conduct resource needs assessment in order to inform the development of national NCD plan and budget**	12,595,000	0	0	0	0	12,595,000	12,595,000	12,595,000	12,595,000	12,595,000
c)	Conduct advocacy meetings with key policy and decision makers MoHCDGEC management team, PMORALG and development partners	5,840,000	0	0	0	0	5,840,000	5,840,000	5,840,000	5,840,000	5,840,000
d)	Conduct Sensitization meetings with RHMTs on adequate financial and other resources allocation in CCHPs for NCDs	105,000,000	105,000,000	105,000,000	105,000,000	105,000,000	105,000,000	210,000,000	315,000,000	420,000,000	525,000,000
e)	Conduct Sensitization meetings with CHMTs on adequate financial and other resources allocation in CCHPs for NCDs	476,000,000	476,000,000	476,000,000	476,000,000	476,000,000	476,000,000	952,000,000	1,428,000,000	1,904,000,000	2,380,000,000
f)	Conduct proposal writing workshop for fund mobilization	18,925,000	18,925,000	18,925,000	18,925,000	18,925,000	18,925,000	37,850,000	56,775,000	75,700,000	94,625,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
2	**Market NCDs strategic plan to partners for mobilizing resources**										
a)	Conduct a workshop to orient stakeholders on NCDs Strategic Plan	53,280,000	0	0	53,280,000	0	53,280,000	53,280,000	53,280,000	106,560,000	106,560,000
b)	Identify potential resources of Non governments funding calls for proposal	0	0	0	0	0	0	0	0	0	0
c)	Conduct a meeting to sensitize Private Business community for funding through corporate social responsibility	68,700,000	68,700,000	68,700,000	68,700,000	68,700,000	68,700,000	137,400,000	206,100,000	274,800,000	343,500,000
d)	Conduct schedules partnership meeting to mobilize and leverage resources for NCDs based on burden of disease data	3,700,000	3,700,000	3,700,000	3,700,000	3,700,000	3,700,000	7,400,000	11,100,000	14,800,000	18,500,000
	Review existing policy and legislation to improve prevention and control, to NCDs services	**112,400,000**	**0**	**40,800,000**	**0**	**0**	**112,400,000**	**112,400,000**	**153,200,000**	**153,200,000**	**153,200,000**
3	**Review various policies and legislation**										
a)	Review and update Health Insurance schemes for universal coverage	0	0	0	0	0	0	0	0	0	0
b)	Advocate for review of various policies and legislation (tobacco, alcohol, diet, physical inactivity, road traffic, occupational health and built environment)	57,440,000	0	0	0	0	57,440,000	57,440,000	57,440,000	57,440,000	57,440,000
c)	Disseminate evidence for appropriate taxation	14,160,000	0	0	0	0	14,160,000	14,160,000	14,160,000	14,160,000	14,160,000
		40,800,000	0	40,800,000	0	0	40,800,000	40,800,000	81,600,000	81,600,000	81,600,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
	Objective 2: To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020										
	Establish a sustainable coordination system of multi sector approach to address NCDs prevention and control at all levels	**3,225,220,000**	**2,502,760,000**	**2,502,760,000**	**2,502,760,000**	**2,502,760,000**	**3,225,220,000**	**5,727,980,000**	**8,230,740,000**	**10,733,500,000**	**13,236,260,000**
4	**Establish a high-level inter-ministerial committee to facilitate and monitor Multispectral action for NCD prevention and control**										
a)	Develop national Multisectoral framework for NCD coordination and collaboration with clear roles and responsibilities	2,360,000	0	0	0	0	2,360,000	2,360,000	2,360,000	2,360,000	2,360,000
b)		6,800,000	0	0	0	0	6,800,000	6,800,000	6,800,000	6,800,000	6,800,000
		12,100,000	0	0	0	0	12,100,000	12,100,000	12,100,000	12,100,000	12,100,000
c)	Identify key Inter-Ministerial stakeholders	0	0	0	0	0	0	0	0	0	0
d)	Launch Inter-Ministerial Coordinating committee for NCDs	9,600,000	0	0	0	0	9,600,000	9,600,000	9,600,000	9,600,000	9,600,000
e)	Conduct bi- annual high level Inter-Ministerial coordination committee meetings	8,600,000	8,600,000	8,600,000	8,600,000	8,600,000	8,600,000	17,200,000	25,800,000	34,400,000	43,000,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
5	**Establish/Strengthen Multisectoral coordinating Committee at all levels**										
a)	Develop TOR/policy guidelines for NCD multisectoral coordination committee at national, regional and district levels	0	0	0	0	0	0	0	0	0	0
b)	Conduct sensitization meeting to partners, PMORALG including RHMTs on NCDs on the multisectoral coordination committee ToR/policy guidelines	117,000,000	0	0	0	0	117,000,000	117,000,000	117,000,000	117,000,000	117,000,000
c)	Conduct sensitization meeting to partners, PMORALG including CHMTs on NCDs on the multisectoral coordination committee ToR/policy guidelines	574,600,000	0	0	0	0	574,600,000	574,600,000	574,600,000	574,600,000	574,600,000
d)	Launch national, regional and district multisectoral coordinating committee	0	0	0	0	0	0	0	0	0	0
6	**Support multisectoral coordination committee meetings at national, regional and district**										
a)	Conduct bi-annual multisectoral coordinating committee meetings at national level	13,600,000	13,600,000	13,600,000	13,600,000	13,600,000	13,600,000	27,200,000	40,800,000	54,400,000	68,000,000
b)	Conduct bi-annual multisectoral coordinating committee meetings at regional level	372,000,000	372,000,000	372,000,000	372,000,000	372,000,000	372,000,000	744,000,000	1,116,000,000	1,488,000,000	1,860,000,000
c)	Conduct bi-annual multisectoral coordinating committee meetings at district level	2,095,600,000	2,095,600,000	2,095,600,000	2,095,600,000	2,095,600,000	2,095,600,000	4,191,200,000	6,286,800,000	8,382,400,000	10,478,000,000
d)	Conduct national -annual multisectoral technical meeting	12,960,000	12,960,000	12,960,000	12,960,000	12,960,000	12,960,000	25,920,000	38,880,000	51,840,000	64,800,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
	Strengthen (NCD section) capacity to coordinate and manage NCDs prevention and control services	**103,340,000**	**17,900,000**	**24,440,000**	**24,440,000**	**0**	**103,340,000**	**121,240,000**	**145,680,000**	**170,120,000**	**170,120,000**
7	**Implement NCD human resource management plan**										
a)	Conduct human resource needs assessments at NCD section	0	0	0	0	0	0	0	0	0	0
b)	Develop human resources management plan	0	0	0	0	0	0	0	0	0	0
c)	Recruit and sustain appropriate qualified human resources at national level to implement NCD Strategic plan	0	0	0	0	0	0	0	0	0	0
d)	Review the organizational structure based on the need	0	0	0	0	0	0	0	0	0	0
8	**Build NCD section staff capacity to acquire necessary skills and competences to implement NCD SP**										
a)	Train coordinators on project management, strategic planning and proposal development	33,000,000	0	0	0	0	33,000,000	33,000,000	33,000,000	33,000,000	33,000,000
b)	Support staff to attend short and long term technical and management courses relevant for NCDs control in the country	17,900,000	17,900,000	0	0	0	17,900,000	35,800,000	35,800,000	35,800,000	35,800,000
c)	Support staff to attend short and long term technical and management courses relevant for NCDs control outside the country	24,440,000	0	24,440,000	24,440,000	0	24,440,000	24,440,000	48,880,000	73,320,000	73,320,000
9	**Improve NCD section working condition**										

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
a)	Procure 4 new desktops computers, 4 lap tops for existing and new staff	16,000,000	0	0	0	0	16,000,000	16,000,000	16,000,000	16,000,000	16,000,000
b)	Procure 1 photocopy machines, 1 printer and 1 scanner	2,000,000	0	0	0	0	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
c)	Procure 1 vehicles for NCDs logistic support such as travel for conducting supportive supervision, workshops, training	0	0	0	0	0	0	0	0	0	0
d)	Procure office furniture	10,000,000	0	0	0	0	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
	Objective 3: To strengthen and reorient health systems to address NCDs through promotive, preventive, curative and rehabilitative services by 2020										
	Increase access for major NCDs	**2,973,555,000**	**5,444,800,000**	**5,344,800,000**	**2,270,400,000**	**1,245,600,000**	**2,973,555,000**	**8,418,355,000**	**13,763,155,000**	**16,033,555,000**	**17,279,155,000**
10	**Scale up NCDs services at primary and higher supporting levels**										
a)	Conduct facility needs assessment for NCDs scale up at primary level	2,360,000	0	0	0	0	2,360,000	2,360,000	2,360,000	2,360,000	2,360,000
b)	Sensitize RHMTs and CHMTs on scaling up plan and implementation	186,000,000	0	0	0	0	186,000,000	186,000,000	186,000,000	186,000,000	186,000,000
c)	Provide district hospitals, health centres and dispensaries with equipment for quality NCDs services	100,000,000	100,000,000	0	0	0	100,000,000	200,000,000	200,000,000	200,000,000	200,000,000
d)	Support centers with equipment and reagents										
e)	Procure necessary equipment for PAL										

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
f)	Equip rehabilitation workshops with machines and raw materials for manufacturing of assistive devices										
g)	Provide Community Health Workers with enablers and logistical support for community based rehabilitation and palliative care										
h)	Develop plan for NCDs scale up at primary level	0	0	0	0	0	0	0	0	0	0
11	**Capacity building to HCWs to implement NCDs services in scaled up districts**										
a)	Update guideline for package of services (pocket booklet) for NCDs scale up	12,795,000	0	0	0	0	12,795,000	12,795,000	12,795,000	12,795,000	12,795,000
b)	Print and distribute NCDs package of services guidelines										
c)	Review and update NCDs training curriculum to include current recommendations										
d)	Train health workers from targeted health facilities on management of major NCDs	2,049,600,000	4,099,200,000	4,099,200,000	1,024,800,000	0	2,049,600,000	6,148,800,000	10,248,000,000	11,272,800,000	11,272,800,000
e)	Conduct supervision and mentorship to the trained staff	622,800,000	1,245,600,000	1,245,600,000	1,245,600,000	1,245,600,000	622,800,000	1,868,400,000	3,114,000,000	4,359,600,000	5,605,200,000
12	Ensure uninterrupted supply of major NCDs drugs and commodities										
a)	Engage a consultant to review logistics and supply chain management for major NCDs drugs and commodities	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
b)	Review assumptions and update national forecast for major NCDs drugs and commodities	0	0	0	0	0	0	0	0	0	0
c)	Review/Develop quantification tools for major NCDs drugs and palliative care	0	0	0	0	0	0	0	0	0	0
d)	Build capacity of staff on forecast quantification and use of tools	0	0	0	0	0	0	0	0	0	0
	Scale up centers of excellence for NCDs (cancer, renal, sickle cell, diabetes and cardiac) in zonal referral hospitals	**11,000,000**	**166,700,000**	**166,700,000**	**166,700,000**	**166,700,000**	**11,000,000**	**177,700,000**	**344,400,000**	**511,100,000**	**677,800,000**
13	**Refurbish identified targeted zone referral hospital to provide quality for cancer, diabetes, renal, and cardiovascular**										
a)	Conduct facility assessments in hospitals that will be centre of excellence for cancer, renal, sickle cell and cardiac services	0	0	0	0	0	0	0	0	0	0
b)	Renovate/ construct building	0	0	0	0	0	0	0	0	0	0
c)	Renovate and upgrade selected zonal referral hospitals with necessary, furniture, equipment and supplies.	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
d)		1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
		0	0	0	0	0	0	0	0	0	0
14	**Build capacity of health workers from targeted zone referral hospital to provide cancer, renal, sickle cell and cardiovascular services**										
a)	Deploy qualified staff to support cancer, renal, sickle cell and cardiovascular services	0	0	0	0	0	0	0	0	0	0
b)	Collaborate with centre of excellence to Identify and train HCWs	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
c)	Collaborate with centre of excellence to conduct supervision and mentorship to the trained staff	0	0	0	0	0	0	0	0	0	0
15	**Support centers of excellence in the decentralized zonal referral hospitals to monitor implementation of services**										
a)	Provide uninterrupted drugs	0	0	0	0	0	0	0	0	0	0
b)	Support centers with equipment and reagents	0	0	0	0	0	0	0	0	0	0
c)	Monitor implementation of services in line with national guidelines	0	155,700,000	155,700,000	155,700,000	155,700,000	0	155,700,000	311,400,000	467,100,000	622,800,000
	Integrate NCD services into existing health care services at all levels of care including community participation	**59,010,000**	**0**	**0**	**0**	**0**	**59,010,000**	**59,010,000**	**59,010,000**	**59,010,000**	**59,010,000**
16	**Incorporate comprehensive NCDs prevention and control services in health training curricula**										
a)	Conduct advocacy meetings with training institution for incorporation of NCDs services in school curricula	16,400,000	0	0	0	0	16,400,000	16,400,000	16,400,000	16,400,000	16,400,000
b)	Develop NCDs training component to be included into health training curricula	12,775,000	0	0	0	0	12,775,000	12,775,000	12,775,000	12,775,000	12,775,000
17	**Incorporate NCDs relevant component to be reflected in (RCH/PMTCT, NACP, NTLP, EPI) training manuals**										
a)	Conduct meetings with RCH/ PMTCT, NACP, NTLP, EPI) programme and other key stakeholders to incorporate relevant NCDs component	17,360,000	0	0	0	0	17,360,000	17,360,000	17,360,000	17,360,000	17,360,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
b)	Develop and disseminate an integration plan outlining services to be provided at all levels of care	12,475,000	0	0	0	0	12,475,000	12,475,000	12,475,000	12,475,000	12,475,000
c)	Orient health care providers from RCH/PMTCT, NACP, NTLP, EPI) on NCDs	0	0	0	0	0	0	0	0	0	0
	Implement Practical Approach to Lung health (PAL)	**25,590,000**	**0**	**0**	**0**	**0**	**25,590,000**	**25,590,000**	**25,590,000**	**25,590,000**	**25,590,000**
18	**Introduce PAL as integrated management in primary health care in order to Strengthen management of respiratory disease**										
a)	Adopt WHO and develop PAL strategy in collaboration with NTLP	0	0	0	0	0	0	0	0	0	0
b)	Establish PAL national Technical Working group	0	0	0	0	0	0	0	0	0	0
c)	Conduct needs assessment on current management of respiratory diseases in different level of health facilities	12,795,000	0	0	0	0	12,795,000	12,795,000	12,795,000	12,795,000	12,795,000
d)	Develop PAL standardize clinical practice guidelines /training materials for respiratory conditions	12,795,000	0	0	0	0	12,795,000	12,795,000	12,795,000	12,795,000	12,795,000
e)	Develop PAL phase implementation plan	0	0	0	0	0	0	0	0	0	0
f)	Conduct biannual meeting for PAL National Technical Working Group	0	0	0	0	0	0	0	0	0	0
19	**Support Health facility to implement PAL in phase manner**										
a)	Procure necessary equipment for PAL	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
b)	Train HCWs on PAL clinical practice guidelines	0	0	0	0	0	0	0	0	0	0
c)	Provide PAL	0	0	0	0	0	0	0	0	0	0
d)	Conduct supportive supervision	0	0	0	0	0	0	0	0	0	0
e)	Evaluate implementation of PAL	0	0	0	0	0	0	0	0	0	0
f)	Scale up PAL countrywide	0	0	0	0	0	0	0	0	0	0
	Reduce modifiable NCDs risk factors and create health promoting environment	**11,381,895,000**	**4,368,000,000**	**4,368,000,000**	**4,368,000,000**	**4,368,000,000**	**11,381,895,000**	**15,749,895,000**	**20,117,895,000**	**24,485,895,000**	**28,853,895,000**
20	**Advocacy communication and social mobilization Strategic plan (ACSM) to sensitize community on NCDs**										
a)	Deploy ACSM focal person at NCD section	0	0	0	0	0	0	0	0	0	0
b)	Develop ACSM strategic plan	17,515,000	0	0	0	0	17,515,000	17,515,000	17,515,000	17,515,000	17,515,000
c)	Sensitize /involve community based on the ACSM strategic plan	0	0	0	0	0	0	0	0	0	0
		90,000,000	120,000,000	120,000,000	120,000,000	120,000,000	90,000,000	210,000,000	330,000,000	450,000,000	570,000,000
		90,000,000	120,000,000	120,000,000	120,000,000	120,000,000	90,000,000	210,000,000	330,000,000	450,000,000	570,000,000
		90,000,000	120,000,000	120,000,000	120,000,000	120,000,000	90,000,000	210,000,000	330,000,000	450,000,000	570,000,000
		90,000,000	120,000,000	120,000,000	120,000,000	120,000,000	90,000,000	210,000,000	330,000,000	450,000,000	570,000,000
21	**Promote community based approaches and sensitization for prevention and control for NCDs**										
a)	Advocate for healthy diet and exercise centers/ rooms at workplaces, community, schools, hotels and restaurants	0	0	0	0	0	0	0	0	0	0
		729,000,000	972,000,000	972,000,000	972,000,000	972,000,000	729,000,000	1,701,000,000	2,673,000,000	3,645,000,000	4,617,000,000
		729,000,000	972,000,000	972,000,000	972,000,000	972,000,000	729,000,000	1,701,000,000	2,673,000,000	3,645,000,000	4,617,000,000
		729,000,000	972,000,000	972,000,000	972,000,000	972,000,000	729,000,000	1,701,000,000	2,673,000,000	3,645,000,000	4,617,000,000
		729,000,000	972,000,000	972,000,000	972,000,000	972,000,000	729,000,000	1,701,000,000	2,673,000,000	3,645,000,000	4,617,000,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
b)	Commemorate NCDs world international days (Cancer, Kidney, Hypertension, Diabetes and sickle cell) to raise community awareness	163,500,000	0	0	0	0	163,500,000	163,500,000	163,500,000	163,500,000	163,500,000
c)	Conduct community sensitization on health diet and physical activities	120,000,000	0	0	0	0	120,000,000	120,000,000	120,000,000	120,000,000	120,000,000
d)	Develop IEC materials on modifiable risks	12,795,000	0	0	0	0	12,795,000	12,795,000	12,795,000	12,795,000	12,795,000
e)	Print and disseminate IEC materials	5,000,000,000	0	0	0	0	5,000,000,000	5,000,000,000	5,000,000,000	5,000,000,000	5,000,000,000
f)	Develop and broadcast health messages on major NCDs and modifiable risks in radios, TV stations and mobile phones	0	0	0	0	0	0	0	0	0	0
g)	Develop and broadcast panel discussion, TV documentaries, radio and TV spots on major NCDs	0	0	0	0	0	0	0	0	0	0
h)	Broadcast panel discussion, TV documentaries, radio and TV spots on major NCDs	0	0	0	0	0	0	0	0	0	0
22	**Implement school education modules on healthy living**										
a)	Develop school education modules on healthy living	11,195,000	0	0	0	0	11,195,000	11,195,000	11,195,000	11,195,000	11,195,000
b)	Sensitize District School Health Coordinators on the modules on healthy living	141,200,000	0	0	0	0	141,200,000	141,200,000	141,200,000	141,200,000	141,200,000
c)	Sensitize school health teachers on the modules on healthy living	2,416,000,000	0	0	0	0	2,416,000,000	2,416,000,000	2,416,000,000	2,416,000,000	2,416,000,000
d)	Teach school children on the modules on healthy living	9,175,000	0	0	0	0	9,175,000	9,175,000	9,175,000	9,175,000	9,175,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	Priority Actions / Activities										
23	**Early detection and appropriate management of NCDs (Cancer, Diabetes, Cardiovascular, Sickle Cell, Renal, Mental health, and respiratory)**										
a)	Develop comprehensive screening policy guidelines and screening tools	10,515,000	0	0	0	0	10,515,000	10,515,000	10,515,000	10,515,000	10,515,000
b)	Orient health care workers on screening of NCDs to high risk groups	0	0	0	0	0	0	0	0	0	0
c)	Conduct screening programs/ campaigns to high risk groups including family members	0	0	0	0	0	0	0	0	0	0
d)	Strengthen referral and linkages at all levels for continuum of care	0	0	0	0	0	0	0	0	0	0
24	**Provide preventive therapy for NDCs (Cardiovascular, Cancer, Respiratory, Renal and Mental health**										
a)	Facilitate preventive vaccinations and therapy such as HPV, HPB) pneumococcal , Rheumatic fever and (aspirin, statins)	0	0	0	0	0	0	0	0	0	0
b)	Provision preventive therapy for those at high risk of complications (renal, heart, eye, foot)	0	0	0	0	0	0	0	0	0	0
25	**Support promotion of laws and legislations that prevent the rise of NCDs**										
a)	Collaborate with relevant institutions to raise public awareness on road safety, tobacco and alcohol use	204,000,000	0	0	0	0	204,000,000	204,000,000	204,000,000	204,000,000	204,000,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
b)	Develop smoke quit programs and guidelines	0	0	0	0	0	0	0	0	0	0
c)	Develop guidelines for alcohol and substance abuse prevention and control	0	0	0	0	0	0	0	0	0	0
	Strengthen rehabilitative and palliative care	**29,460,000**	**105,000,000**	**100,000,000**	**100,000,000**	**100,000,000**	**29,460,000**	**134,460,000**	**234,460,000**	**334,460,000**	**434,460,000**
26	**Support rehabilitation services at levels of care**										
a)	Create of a Physical Rehabilitation Office within the Ministry of Health that manages the platform of all stakeholders within the sector	0	0	0	0	0	0	0	0	0	0
b)	Develop rehabilitation guidelines for major NCDs	5,955,000	0	0	0	0	5,955,000	5,955,000	5,955,000	5,955,000	5,955,000
c)	Train rehabilitation workers on major NCDs guidelines.	0	0	0	0	0	0	0	0	0	0
d)	Equip rehabilitation workshops with machines and raw materials for manufacturing of assistive devices	0	5,000,000	0	0	0	0	5,000,000	5,000,000	5,000,000	5,000,000
e)	Support outreach services for rehabilitation	0	0	0	0	0	0	0	0	0	0
27	**Support palliative care**										
a)	Review and update national palliative care policy guidelines and strategy	7,920,000	0	0	0	0	7,920,000	7,920,000	7,920,000	7,920,000	7,920,000
b)	Oversee implementation of palliative care policy guidelines and strategy	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
28	**Strengthen community based rehabilitation and palliative care**										
a)	Adapt, develop and print Community Based Rehabilitation guidelines	3,675,000	0	0	0	0	3,675,000	3,675,000	3,675,000	3,675,000	3,675,000
b)	Develop simple SOPs for rehabilitation and palliative care for Community care workers	5,955,000	0	0	0	0	5,955,000	5,955,000	5,955,000	5,955,000	5,955,000
c)	Build capacity of Community Health Workers for Community based rehabilitation (CBR) and palliative care	0	0	0	0	0	0	0	0	0	0
d)	Review /develop and print patients self-management care booklets for chronic diseases such as diabetes, hypertension, cancer, renal., sickle cell	5,955,000	0	0	0	0	5,955,000	5,955,000	5,955,000	5,955,000	5,955,000
e)	Provide Community Health Workers with enablers and logistical support for community based rehabilitation and palliative care	0	100,000,000	100,000,000	100,000,000	100,000,000	0	100,000,000	200,000,000	300,000,000	400,000,000
29	**Provide Community Health Workers with supplies for community based rehabilitation and palliative care**										
a)	Strengthen/establish community based rehabilitation referral linkages for continuum of care	0	0	0	0	0	0	0	0	0	0
	Implement Collaborative TB/ diabetes	**110,250,000**	**0**	**0**	**0**	**0**	**110,250,000**	**110,250,000**	**110,250,000**	**110,250,000**	**110,250,000**
30	**Establish TWG for collaborative TB diabetes at all levels**										
a)	Conduct a meeting with NTLP and plan establishment of TWG at all levels	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
b)	Launch TWG for Collaborative TB/ diabetes at all levels	110,250,000	0	0	0	0	110,250,000	110,250,000	110,250,000	110,250,000	110,250,000
31	**Review M&E systems to include information on TB/diabetes**										
a)	Develop diabetes card with unique identification number and include TB/diabetes information	0	0	0	0	0	0	0	0	0	0
b)	Review recording and reporting tools to include information on TB/ diabetes	0	0	0	0	0	0	0	0	0	0
32	**Support Health facility to implement collaborative TB/ activities**										
a)	Develop TB/Diabetes training materials	0	0	0	0	0	0	0	0	0	0
b)	Train health care providers on collaborative/TB diabetes	0	0	0	0	0	0	0	0	0	0
c)	Select regions and sites for phase implementations of TB/diabetes	0	0	0	0	0	0	0	0	0	0
d)	Strengthen referral and linkages mechanisms between TB and diabetes clinics	0	0	0	0	0	0	0	0	0	0
e)	Ensure availability drugs and supplies for TB/diabetes services	0	0	0	0	0	0	0	0	0	0
f)	Conduct joint supportive supervision	0	0	0	0	0	0	0	0	0	0
g)	Conduct evaluation of the pilot phase and disseminate findings	0	0	0	0	0	0	0	0	0	0
h)	Scale up TB/diabetes services	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
	Objective 4: To Strengthen the National Capacity for NCD surveillance, monitoring and evaluation and research for evidence based planning by 2020										
	Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders	**14,160,000**	**26,240,000**	**14,160,000**	**14,160,000**	**14,160,000**	**14,160,000**	**40,400,000**	**54,560,000**	**68,720,000**	**82,880,000**
33	**Strengthen coordination between NCD section and research institutions and academia**										
a)	Establish position for research focal person at NCD section	0	0	0	0	0	0	0	0	0	0
b)	Establish national NCD research committee with other stakeholders	0	0	0	0	0	0	0	0	0	0
c)	Conduct a workshop with research institutions and academia to develop a national research agenda for NCDs and identify previous researches conducted and it utilization	0	12,080,000	0	0	0	0	12,080,000	12,080,000	12,080,000	12,080,000
d)	Mobilize funding within and from international agencies to support research priority areas	0	0	0	0	0	0	0	0	0	0
e)	Conduct operational research and survey on identified priority areas in collaboration with research institutions and other stakeholders	0	0	0	0	0	0	0	0	0	0
34	**Build NCD section capacity to conduct operational research**										
a)	Conduct refresher training to NCD staff on operational research methodology	0	0	0	0	0	0	0	0	0	0

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
b)	Seek technical assistance to develop research proposal including survey	14,160,000	14,160,000	14,160,000	14,160,000	14,160,000	14,160,000	28,320,000	42,480,000	56,640,000	70,800,000
35	**Promote research and utilization to inform policy and practice**										
a)	Develop a framework to monitor NCD research and its utilize	0	0	0	0	0	0	0	0	0	0
b)	Disseminate research findings locally and internationally	0	0	0	0	0	0	0	0	0	0
c)	Publish research finding in peer review locally and internationally	0	0	0	0	0	0	0	0	0	0
	Monitor and evaluate progress of the strategic plan	**40,390,000**	**6,800,000**	**18,320,000**	**18,320,000**	**18,320,000**	**40,390,000**	**47,190,000**	**65,510,000**	**83,830,000**	**102,150,000**
36	**Review and update monitoring and evaluation systems and framework for NCDs**										
a)	Finalize and harmonise monitoring framework and establish indicator and annualized targets	23,115,000	0	0	0	0	23,115,000	23,115,000	23,115,000	23,115,000	23,115,000
b)	Seek technical assistance/ consultant to review and update monitoring and evaluation systems and framework										
c)	Conduct workshop to Review data collection tools for major NCDs to incorporate WHO recommendations a minimum set of national targets and indicators	6,800,000	0	0	0	0	6,800,000	6,800,000	6,800,000	6,800,000	6,800,000
d)	Support/coordinate review District Sentinel Survey (DSS) tools to incorporate NCD data variables	3,675,000	0	0	0	0	3,675,000	3,675,000	3,675,000	3,675,000	3,675,000

		Budget per year (TZS)					Cumulative Funding Requirements (TZS)				
		2016/17	2017/18	2018/19	2019/20	2020/21	2016/17	2017/18	2018/19	2019/20	2020/21
SN	**Priority Actions / Activities**										
37	**Build capacity for data management and utilization at all levels**										
a)	Develop standardized training protocol for routine surveillance and tracking system of NCDs	0	0	0	0	0	0	0	0	0	0
b)	Train clinicians on the protocol for routine surveillance including recording, reporting, data analysis and utilization at point of care	0	0	0	0	0	0	0	0	0	0
c)	Print and distribute R&R tools for NCDs	0	0	0	0	0	0	0	0	0	0
d)	Conduct post training supportive supervision	0	0	0	0	0	0	0	0	0	0
38	**Monitor implementation of the NCD strategic plan**										
a)	Conduct joint supportive supervision with partners to regions on NCDs annually	0	0	0	0	0	0	0	0	0	0
b)	Ensure regional and district supportive supervision tools include NCDs	0	0	0	0	0	0	0	0	0	0
c)	Develop technical progress reports: quarter, semi-annual and annual	0	0	0	0	0	0	0	0	0	0
d)	Conduct annual meeting with key stakeholders to review progress of implementation	6,800,000	6,800,000	6,800,000	6,800,000	6,800,000	6,800,000	13,600,000	20,400,000	27,200,000	34,000,000
f)	Conduct midterm and end term review of the strategic plan II	0	0	11,520,000	11,520,000	11,520,000	0	0	11,520,000	23,040,000	34,560,000
		18,955,305,000	**13,310,525,000**	**13,293,105,000**	**10,190,385,000**	**9,087,865,000**	**18,842,905,000**	**32,153,430,000**	**45,405,735,000**	**55,596,120,000**	**64,683,985,000**
		9,477,653	**6,655,263**	**6,646,553**	**5,095,193**	**4,543,933**	**9,421,453**	**16,076,715**	**22,702,868**	**27,798,060**	**32,341,993**

5.7 Annex 7: ACTIVITY COSTS

Priority actions		Activities	Code	Units	Days	Cost
Objective 1: To Advocate for NCD prevention and control as a National Priority by 2020						
Attain political commitment with increased and sustained financing for NCDs						
Secure adequate financial resources for NCD prevention and control services in the country	Generate evidence based data for advocacy on burden of NCDs	**Task Team for desk review (1 person from each major diseases, diet, physical activity)**				**12,595,000**
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Travel tickets - Domestic	41	4	2	640,000
	Conduct resource needs assessment in order to inform the development of national NCD plan and budget	**Task team for desk review (clinician, economist, public health specialist)**				**12,595,000**
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Travel tickets - Domestic	41	4	2	640,000
	Conduct advocacy meetings with key policy and decision makers MoHCDGEC management team, PMORALG and development partners	**Meetings**				**5,840,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Conduct Sensitization meetings with RHMTs on adequate financial and other resources allocation for NCDs	**Meetings (16 team members + 2 TAs)**				**3,500,000**
		Per Diem - Domestic (DSA)	32	2	2	480,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	20	1	2,000,000
		Office Consumables (stationaries) - Participants	30	20	1	100,000
		Food and Refreshments	14	20	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct Sensitization meetings with CHMTs on adequate financial and other resources allocation for NCDs	**Meetings (8 team members + 2 TAs)**				**2,800,000**

Priority actions		Activities	Code	Units	Days	Cost
		Per Diem - Domestic (DSA)	32	2	2	480,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	14	1	1,400,000
		Office Consumables (stationaries) - Participants	30	16	1	80,000
		Food and Refreshments	14	16	1	320,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct proposal writing workshop for fund mobilization	**Meetings for proposal development (5 people for each area)**				**3,785,000**
		Per Diem - Domestic (DSA)	32	2	6	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	5	1	25,000
		Food and Refreshments	14	5	5	500,000
		Travel tickets - Domestic	41	2	2	320,000
Market NCDs strategic plan to partners for mobilizing resources	Conduct a workshop to Orient stakeholders on NCDs Strategic Plan	**Workshop (120 people for 3 days)**				**53,280,000**
		Per Diem - Domestic (DSA)	32	12	4	5,760,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	120	3	36,000,000
		Office Consumables (stationaries) - Participants	30	120	1	600,000
		Food and Refreshments	14	120	3	7,200,000
		Venue	43	1	3	1,200,000
		Travel tickets - Domestic	41	12	2	1,920,000
		Rent of Vehicles and Crafts	36	1	3	600,000
	Identify potential resources of Non governments funding calls for proposal	Internal working of NCD Office at MoH				
	Conduct a meeting to sensitize Private Business community for funding through corporate social responsibility	**Meeting of 50 people including 5 TAs**				**2,290,000**
		Ground Travel (Bus, Railway, Taxi, etc)	17	5	1	500,000
		Venue	43	1	1	400,000
		Food and Refreshments	14	50	1	1,000,000
		Office Consumables (stationaries) - Participants	30	50	1	250,000
		Travel tickets - Domestic	41	4	2	640,000
	Conduct schedules partnership meeting to mobilize and leverage resources for NCDs based on burden of disease data	**Meetings with partners (4 areas 2 officers from each area, 40 partners)**				**3,700,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	5	1	500,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000

Priority actions		Activities	Code	Units	Days	Cost
Review existing policy and legislation to improve prevention and control, to NCDs services						
Review various policies and legislation	Review and update Health Insurance schemes for universal coverage	Attend scheduled meetings				
	Advocate for review of various policies and legislation (tobacco, alcohol, diet, physical inactivity, road traffic, built environment)	**Meeting to review legislations (20 people per meeting for each area)**				**7,180,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	16	2	3,200,000
		Office Consumables (stationaries) - Participants	30	20	1	100,000
		Food and Refreshments	14	20	2	800,000
		Venue	43	1	2	800,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Prepare position papers on appropriate taxation	Consultancy to prepare position papers (one consultant per area)	10	1	5	**2,360,000**
	Disseminate evidence for appropriate taxation	**Meetings to agree/review recommendations of the position paper (one meeting for each area)**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
Objective 2: To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020						
Objective 2: To strengthen leadership, governance, multisectoral collaboration and accountability for prevention and control of NCDs by 2020						
Establish a high-level inter-ministerial committee to facilitate and monitor Multispectral action for NCD prevention and control	Develop national Multisectoral framework for NCD coordination and collaboration with clear roles and responsibilities	Consultancy	10	1	5	**2,360,000**
	Develop consensus on National Multisectoral framework for NCD coordination and collaboration	**Meeting of consultant with stakeholders (40 people from each area, 8 partners)**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000

Priority actions		Activities	Code	Units	Days	Cost
	Adopt a National Multisectoral framework for NCD coordination and collaboration	**Meeting to adopt the recommended framework (Partners, Ministries, MDAs)**				**12,100,000**
		Per Diem - Domestic (DSA)	32	10	2	2,400,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	60	1	6,000,000
		Office Consumables (stationaries) - Participants	30	60	1	300,000
		Food and Refreshments	14	60	1	1,200,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	10	2	1,600,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Identify key Inter-Ministerial stakeholders	Internal handling	92	1	1	0
	Launch Inter-Ministerial Coordinating committee for NCDs	**Meetings (2 people from each ministry, all members of the committee)**				**9,600,000**
		Per Diem - Domestic (DSA)	32	10	2	2,400,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	40	1	4,000,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	10	2	1,600,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct bi- annual high level Inter-Ministerial coordination committee meetings	**Meetings of the committee (every six months)**				**8,600,000**
		Per Diem - Domestic (DSA)	32	10	2	2,400,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	30	1	3,000,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	10	2	1,600,000
		Rent of Vehicles and Crafts	36	1	1	200,000
Establish/ Strengthen Multisectoral coordinating Committee at all levels	Develop TOR/policy guidelines for NCD multisectoral coordination committee at national regional and district levels	See above				
	Conduct sensitization meeting to partners, PMORALG including RHMTs on NCDs on the multisectoral coordination committee ToR/policy guidelines	**Meetings (once) 16 members +4 officer form RAS for RHMT**				**3,900,000**
		Per Diem - Domestic (DSA)	32	2	2	480,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	20	1	2,000,000
		Office Consumables (stationaries) - Participants	30	20	1	100,000
		Food and Refreshments	14	20	1	400,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000

Priority actions		Activities	Code	Units	Days	Cost
		Meetings 8 members + 4 officers Council from for CHMTs				**3,400,000**
		Per Diem - Domestic (DSA)	32	2	2	480,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	16	1	1,600,000
		Office Consumables (stationaries) - Participants	30	16	1	80,000
		Food and Refreshments	14	16	1	320,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Launch national, regional and district multisectoral coordinating committees	Internal handling	92	1	1	0
Support multisectoral coordination committee meetings at national, regional and district	Conduct bi-annual multisectoral coordinating committee meetings at national level	**Meetings of the committee (every six months)**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct bi-annual multisectoral coordinating committee meetings at regional level	**Meetings of the committee (every six months)**				**6,200,000**
		Per Diem - Domestic (DSA)	32	2	2	480,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	38	1	3,800,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct national -annual multisectoral technical meeting	**Meetings of the committee (every year)**				**6,480,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000

Priority actions		Activities	Code	Units	Days	Cost
Strengthen (NCD section) capacity to coordinate and manage NCDs prevention and control services						
Implement NCD human resource management plan	Conduct human resource needs assessments at NCD section	Internal consultation with DAP				
	Develop human resources management plan	Internal consultation with DAP				
	Recruit and sustain appropriate qualified human resources at national level to implement NCD Strategic plan	Internal consultation with DAP				
	Review the organizational structure based on the need	Internal consultation with DAP				
Build NCD section staff capacity to acquire necessary skills and competences to implement NCD SP	Train coordinators on project management, strategic planning and proposal development	**Training session: 40 people + 1 consultant**				**6,600,000**
		Per Diem - Domestic (DSA)	32	40	6	28,800,000
		Consultancy Fees	10	1	5	2,360,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	5	4,000,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	40	2	6,400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Support staff to attend short and long term technical and management courses relevant for NCDs control in the country	**Technical training: 1 perosn 2 weeks in country**				**3,580,000**
		Technical Service Fees	39	1	1	1,000,000
		Per Diem - Domestic (DSA)	32	1	14	1,680,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	1	2	200,000
		Air Travel Tickets - Local	4	1	1	700,000
	Support staff to attend short and long term technical and management courses relevant for NCDs control outside the country	**Technical training (1 person 2 weeks outside the country)**				**12,220,000**
		Technical Service Fees	39	1	1	1,000,000
		Per Diem - Domestic (DSA)	32	1	56	6,720,000
		Visa Application Fees	44	1	1	400,000
		Air Travel Tickets - International	3	1	1	4,000,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	1	1	100,000
Improve NCD section working condition	Procure 4 new desktops computers, 4 lap tops for existing and new staff	Computers, printers, scanners & other related equipment	9	1	1	2,000,000
	Procure 1 photocopy machines, 1 printer and 1 scanner	Computers, printers, scanners & other related equipment	9	1	1	2,000,000
	Procure 1 vehicles for NCDs logistic support such as travel for conducting supportive supervision, workshops, training	Internal handling	92	1	1	0
	Procure office furniture	Furniture and Fittings	15	1	1	10,000,000

Priority actions		Activities	Code	Units	Days	Cost
Objective 3: To strengthen and reorient health systems to address NCDs through promotive, preventive, curative & rehabilitative services by 2020						
Increase access for major NCDs						
Scale up NCDs services at primary and supporting levels	Conduct facility needs assessment for NCDs scale up at primary level	**Consultancy**				
	Sensitize RHMTs and CHMTs on scaling up plan and implementation	**Meetings**				**6,200,000**
		Per Diem - Domestic (DSA)	32	2	2	480,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	38	1	3,800,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Provide district hospitals, health centres and dispensaries with equipment for quality NCDs services	Equipment (per hospital)	37	1	1	1,000,000
	Develop plan for NCDs scale up at primary level	Internal consultation				
	Update guideline for package of services (pocket booklet) for NCDs scale up	**Task Team**				**12,795,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Print and distribute NCDs package of services guidelines	Production and Printing of Training Materials	34	100	1	50,000,000
Capacity building to HCWs to implement NCDs services in scaled up districts	Review and update NCDs training curriculum to include current recommendations	**Task Team**				**17,360,000**
		Per Diem - Domestic (DSA)	32	4	4	1,920,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	3	10,800,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	3	2,400,000
		Venue	43	1	3	1,200,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000

Priority actions		Activities	Code	Units	Days	Cost
	Train health workers from targeted health facilities on management of major NCDs	**Training Sessions: 40 people per class**				**34,160,000**
		Per Diem - Domestic (DSA)	32	36	5	21,600,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	4	4	1,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	4	3,200,000
		Venue	43	1	4	1,600,000
		Travel tickets - Domestic	41	36	2	5,760,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct supervision and mentorship to the trained staff	**Supervision visits**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000
Ensure uninterrupted supply of major NCDs drugs and commodities	Engage a consultant to review logistics and supply chain management for major NCDs drugs and commodities	Internal handling	92	1	1	0
	Review assumptions and update national forecast for major NCDs drugs and commodities	Internal handling	92	1	1	0
	Review/Develop quantification tools for major NCDs drugs and palliative care	Internal handling	92	1	1	0
	Build capacity of staff on forecast quantification and use of tools	Internal handling	92	1	1	0
Scale up centers of excellence for NCDs (cancer, renal, sickle cell, diabetes and cardiac) in zonal referral hospitals						
Refurbish identified targeted zone referral hospital to provide quality services for cancer, diabetes, renal, and cardiovascular	Conduct facility assessments in hospitals that will be centre of excellence for cancer, renal, sickle cell and cardiac services	Internal handling	92	1	1	0
	Renovate/ construct building	Rehabilitation of buildings	90	1	1	0
	Procure furniture for selected zonal referral hospitals	Furniture and Fittings	15	1	1	10,000,000
	Procure equipment for selected zonal referral hospitals	Scientific Equipment	37	1	1	1,000,000
	Procure laboratory supplies for selected zonal referral hospitals	Internal handling	92	1	1	0

Priority actions		Activities	Code	Units	Days	Cost
Build capacity of health workers from targeted zone referral hospital to provide cancer, renal, sickle cell and cardiovascular services	Deploy qualified staff to support cancer, renal, sickle cell and cardiovascular services	Internal handling	92	1	1	0
	Collaborate with centre of excellence to Identify and train HCWs	**Training Sessions**				**34,160,000**
		Per Diem - Domestic (DSA)	32	36	5	21,600,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	4	4	1,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	4	3,200,000
		Venue	43	1	4	1,600,000
		Travel tickets - Domestic	41	36	2	5,760,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Collaborate with centre of excellence to conduct supervision and mentorship to the trained staff	**Supervision visits**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000
Support centers of excellence in the decentralized zonal referral hospitals	Provide uninterrupted drugs	Internal handling	92	1	1	
	Support centers with equipment	Scientific Equipment	37	1	1	1,000,000
	Monitor implementation of services in line with national guidelines	**Supervision visits**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000
Integrate NCD services into existing health care services at all levels of care including community participation						
Incorporate comprehensive NCDs prevention and control services in health training curricula	Conduct advocacy meetings with training institution for incorporation of NCDs services in school curricula	**Meetings to adopt curricula**				**16,400,000**
		Per Diem - Domestic (DSA)	32	36	2	8,640,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	4	1	400,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	36	2	5,760,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Develop NCDs training component to be included into health training curricula	**Task Team**				**12,775,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	5	375,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000

Priority actions		Activities	Code	Units	Days	Cost
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
Incorporate NCDs relevant component to be reflected in (RCH/ PMTCT, NACP, NTLP, EPI) training manuals	Conduct meetings with RCH/PMTCT, NACP, NTLP, EPI) programme and other key stakeholders to incorporate relevant NCDs component	**Meetings**				**17,360,000**
		Per Diem - Domestic (DSA)	32	4	4	1,920,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	3	10,800,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	3	2,400,000
		Venue	43	1	3	1,200,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Develop and disseminate an integration plan outlining services to be provided at all levels of care	**Task team**				**12,475,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Orient health care providers from RCH/ PMTCT, NACP, NTLP, EPI) on NCDs	**Meetings**				**7,720,000**
		Per Diem - Domestic (DSA)	32	2	5	1,200,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	2	2	400,000
		Office Consumables (stationaries) - Participants	30	40	4	800,000
		Food and Refreshments	14	40	4	3,200,000
		Venue	43	1	4	1,600,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
Implement Practical Approach to Lung health (PAL)						
Introduce PAL as integrated management in primary health care in order to Strengthen management of respiratory disease	Adopt WHO and develop PAL strategy in collaboration with NTLP	**Task Team**				**12,795,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Establish PAL national Technical Working group	Internal handling	92	1	1	0

Priority actions		Activities	Code	Units	Days	Cost
	Conduct needs assessment on current management of respiratory diseases in different level of health facilities	**Task Team**				**12,795,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Develop PAL standardize clinical practice guidelines /training materials for respiratory conditions	**Task Team**				**12,795,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Develop PAL phase implementation plan	Internal handling	92	1	1	0
	Conduct biannual meeting for PAL National Technical Working Group	**Meetings**				**3,675,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	1	1,100,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	1	300,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
Support Health facility to implement PAL in phase manner	Procure necessary equipment for PAL	Scientific Equipment	37	1	1	1,000,000
	Train HCWs on PAL clinical practice guidelines	**Training sessions**				**11,760,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	2	7,200,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	2	1,600,000
		Venue	43	1	2	800,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Provide PAL	Internal handling	92	1	1	0

Priority actions		Activities	Code	Units	Days	Cost
	Conduct supportive supervision	**Supportive supervision**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000
	Evaluate implementation of PAL	Consultancy Fees	10	1	5	2,360,000
	Scale up PAL countrywide	Internal handling	92	1	1	0
Reduce modifiable NCDs risk factors and create health promoting environment						
Advocacy communication and social mobilization Strategic plan (ACSM) to sensitize community on NCDs	Deploy ACSM focal person at NCD section	Internal handling	92	1	1	0
	Develop ACSM strategic plan	**Task team**				**17,515,000**
		Consultancy Fees	10	1	10	4,720,000
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Sensitize /involve community based on the ACSM strategic plan	**Mass media event**				**4,000,000**
		TV	35	1	1	1,000,000
		Radio	35	1	1	1,000,000
		Newspapers	35	1	1	1,000,000
		Mobile messages	35	1	1	1,000,000
Promote community based approaches and sensitization for prevention and control for NCDs	Advocate for healthy diet and exercise centers/ rooms at workplaces, community, schools, hotels and restaurants	**Advocacy meetings with communities**				810,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	2	2	400,000
		Office Consumables (stationaries) - Participants	30	2	1	10,000
		Food and Refreshments	14	40	0	0
		Venue	43	1	1	400,000
		School health program				**810,000**
		Community				**810,000**
		Workplaces				**810,000**
		Hotels/restaurants				**810,000**
		Food vendors				**810,000**

Priority actions		Activities	Code	Units	Days	Cost
	Commemorate NCDs world international days (Cancer, Kidney, Hypertension, Diabetes and sickle cell) to raise community awareness	**Mass media event with screening**				**5,450,000**
		Mass media				**4,000,000**
		Screening camps				
		Ground Travel (Bus, Railway, Taxi, etc)	17	10	1	1,000,000
		Office Consumables (stationaries) - Participants	30	10	1	50,000
		Food and Refreshments	14	10	1	200,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct community sensitization on health diet and physical activities	**Mass media event**				**4,000,000**
	Develop IEC materials on modifiable risks	**Task team**				**12,795,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Print and disseminate IEC materials	**Production and Printing of Training Materials**	**34**	**100**	**1**	**50,000,000**
	Develop and broadcast health messages on major NCDs and modifiable risks in radios, TV stations and mobile phones	**Mass media event**				**4,000,000**
	Develop material for panel discussion, TV documentaries, radio and TV spots on major NCDs	**Task team with a consultant**				**17,515,000**
		Consultancy Fees	10	1	10	4,720,000
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Broadcast panel discussion, TV documentaries, radio and TV spots on major NCDs	**Mass media event**				**4,000,000**

Priority actions		Activities	Code	Units	Days	Cost
Implement school education modules on healthy living	Develop school education modules on healthy living	**Task team**				**11,195,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Sensitize District School Health Coordinators on the modules on healthy living	**Training sessions**				**28,240,000**
		Per Diem - Domestic (DSA)	32	36	5	21,600,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	4	2	800,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	4	3,200,000
		Venue	43	1	4	1,600,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Sensitize school health teachers on the modules on healthy living	**Training sessions**				**12,080,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	2	7,200,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	2	1,600,000
		Venue	43	1	2	800,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Teach school children on the modules on healthy living	**Task team to review curiculum**				**9,175,000**
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	5	1,500,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
Early detection and appropriate management of NCDs (Cancer, Diabetes, Cardiovascular, Sickle Cell, Renal, Mental health, and respiratory)	Develop comprehensive screening policy guidelines and screening tools	**Task Team**				**10,515,000**
		Per Diem - Domestic (DSA)	32	4	5	2,400,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	4	4,400,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	4	1,200,000
		Venue	43	1	4	1,600,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000

Priority actions		Activities	Code	Units	Days	Cost
	Orient health care workers on screening of NCDs to high risk groups	**Training sessions**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Conduct screening programs/campaigns to high risk groups including family members	**Screening camps**				**5,450,000**
	Strengthen referral and linkages at all levels for continuum of care	Internal handling	92	1	1	0
Provide preventive therapy for NDCs (Cardiovascular, Cancer, Respiratory, Renal and Mental health	Facilitate preventive vaccinations and therapy such as HPV, HPB, pneumococcal, rheumatic fever and (aspirin, statins)	**Meetings**				**6,480,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	2	2	320,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Provision preventive therapy for those at high risk of complications (renal, heart, eye, foot)	Internal handling	92	1	1	0
Support promotion of laws and legislations that prevent the rise of NCDs	Collaborate with relevant institutions to raise public awareness on road safety, tobacco and alcohol use	**Meetings**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Review and adapt tobacco protocol regulation act of 2003	**Task team**				**5,955,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	2	600,000
		Venue	43	1	2	800,000

Priority actions		Activities	Code	Units	Days	Cost
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Develop guidelines for alcohol and substance abuse prevention and control	**Task team**				**5,955,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	2	600,000
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Review Occupational and environmental policy and legislations to reduce exposure through air, water and food to chemical hazards that cause NCDs	**Task team**				**5,955,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	2	600,000
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
Strengthen physical rehabilitation and palliative care						
Support rehabilitation services at levels of care	Create of a Physical Rehabilitation Office within the Ministry of Health that manages the platform of all stakeholders within the sector	Internal handling	92	1	1	0
	Develop rehabilitation guidelines for major NCDs	**Task team**				**5,955,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	2	600,000
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Train rehabilitation workers on major NCDs guidelines.	**Training sessions**				**11,280,000**
		Per Diem - Domestic (DSA)	32	36	2	8,640,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	4	1	400,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000

Priority actions		Activities	Code	Units	Days	Cost
	Equip rehabilitation workshops with machines and raw materials for manufacturing of assistive devices	Equipment	18	1	1	5,000,000
	Support outreach services for rehabilitation	Internal handling	92	1	1	0
Support palliative care	Review and update national palliative care policy guidelines and strategy	**Task team**				**7,920,000**
		Per Diem - Domestic (DSA)	32	40	1	4,800,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	5	2	1,000,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	2	400,000
		Travel tickets - Domestic	41	2	2	320,000
	Oversee implementation of palliative care policy guidelines and strategy	**Supervission**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000
Strengthen community based rehabilitation and palliative care	Adapt, develop and print Community Based Rehabilitation guidelines	**Task team**				**3,675,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	1	1,100,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	1	300,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Develop simple SOPs for rehabilitation and palliative care for Community care workers	**Task team**				**5,955,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	2	600,000
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Build capacity of Community Health Workers for Community based rehabilitation (CBR) and palliative care	**Training sessions**				**12,080,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	2	7,200,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	2	1,600,000

Priority actions		Activities	Code	Units	Days	Cost
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Review /develop and print patients self-management care booklets for chronic diseases such as diabetes, hypertension, cancer, renal., sickle cell	**Task team**				**5,955,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	2	2,200,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	2	600,000
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Provide Community Health Workers with equipment for community based rehabilitation and palliative care	Scientific Equipment	37	1	1	1,000,000
	Strengthen/establish community based rehabilitation referral linkages for continuum of care	Internal handling	92	1	1	0
Implement Collaborative TB/diabetes/HIV						
Establish TWG for collaborative TB diabetes and HIV at all levels	Conduct a meeting with NTLP and plan establishment of TWG at all levels	Internal handling	92	1	1	0
	Launch TWG for Collaborative TB, diabetes and HIV at all levels	**Meetings**				**3,675,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	1	1,100,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	1	300,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
Review M&E systems to include information on TB, diabetes & HIV	Develop diabetes card with unique identification number and include TB, diabetes & HIV information	Internal handling	92	1	1	0
	Review recording and reporting tools to include information on TB, diabetes & HIV	Internal handling	92	1	1	0

Priority actions		Activities	Code	Units	Days	Cost
Support Health facility to implement collaborative TB, diabetes & HIV activities	Develop TB, Diabetes & HIV training materials	**Task team**				**3,675,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	1	1,100,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	1	300,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Train health care providers on collaborative TB, diabetes & HIV	**Training sessions**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Select regions and sites for phase implementations of TB, diabetes & HIV	Internal handling	92	1	1	0
	Strengthen referral and linkages mechanisms between TB, diabetes & HIV clinics	Internal handling	92	1	1	0
	Ensure availability drugs and supplies for TB, diabetes & HIV services	Internal handling	92	1	1	0
	Conduct joint supportive supervision	Supportive supervission				**2,595,000**
			32	3	3	1,080,000
			17	3	5	1,500,000
			30	3	1	15,000
	Conduct evaluation of the pilot phase and disseminate findings	**Task team with a consultant**				**11,520,000**
		Consultancy Fees	10	1	10	4,720,000
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000
	Scale up TB, diabetes & HIV services	Internal handling	92	1	1	0

Priority actions		Activities	Code	Units	Days	Cost
Objective 4: To Strengthen the National Capacity for NCD surveillance, monitoring & evaluation and research for evidence based planning by 2020						
Promote research in NCDs (including injuries and violence) in collaboration with key stakeholders						
Strengthen coordination between NCD section and research institutions and academia	Establish position for research focal person at NCD section	Internal handling	92	1	1	0
	Establish national NCD research committee with other stakeholders	Internal handling	92	1	1	0
	Conduct a workshop with research institutions and academia to develop a national research agenda for NCDs and identify previous researches conducted and it utilization	**Meeting**				**12,080,000**
		Per Diem - Domestic (DSA)	32	4	3	1,440,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	2	7,200,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	2	1,600,000
		Venue	43	1	2	800,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Mobilize funding within and from international agencies to support research priority areas	Internal handling	92	1	1	0
	Conduct operational research and survey on identified priority areas in collaboration with research institutions and other stakeholders	Internal handling	92	1	1	0
Build NCD section capacity to conduct operational research	Conduct refresher training to NCD staff on operational research methodology	**Training session**				**2,125,000**
		Per Diem - Domestic (DSA)	32	1	14	1,680,000
		Office Consumables (stationaries) - Participants	30	1	1	5,000
		Food and Refreshments	14	1	14	280,000
		Travel tickets - Domestic	41	1	2	160,000
	Seek technical assistance to develop research proposal including survey	Consultancy Fees	10	1	5	2,360,000
Promote research and utilization to inform policy and practice	Develop a framework to monitor NCD research and its utilize	Internal handling	92	1	1	0
	Disseminate research findings locally and internationally	Internal handling	92	1	1	0
	Publish research finding in peer review locally and internationally	Internal handling	92	1	1	0

Priority actions		Activities	Code	Units	Days	Cost
Monitor and evaluate progress of the strategic plan						
Review and update monitoring and evaluation systems and framework for NCDs	Seek technical assistance/ consultant to review and update monitoring and evaluation systems and framework	Consultancy Fees	10	1	10	4,720,000
	Conduct workshop to Review data collection tools for major NCDs to incorporate WHO recommendations a minimum set of national targets and indicators	**Task team**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Support/coordinate review District Sentinel Survey (DSS) tools to incorporate NCD data variables	**Task team**				**3,675,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	1	1,100,000
		Office Consumables (stationaries) - Participants	30	15	1	75,000
		Food and Refreshments	14	15	1	300,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
Build capacity for data management and utilization at all levels	Develop standardized training protocol for routine surveillance and tracking system of NCDs	Internal handling	92	1	1	0
	Train clinicians on the protocol for routine surveillance including recording, reporting, data analysis and utilization at point of care	**Training session**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Print and distribute R&R tools for NCDs	Production and Printing of Training Materials	34	100	1	50,000,000
	Conduct post training supportive supervision	**Supervision sessions**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000

Priority actions		Activities	Code	Units	Days	Cost
Monitor implementation of the NCD strategic plan	Finalize and harmonise monitoring framework and establish indicator and annualized targets	**Task team with a consultant**				**23,115,000**
		Consultancy Fees	10	1	20	9,440,000
		Per Diem - Domestic (DSA)	32	4	6	2,880,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	11	5	5,500,000
		Office Consumables (stationaries) - Participants	30	11	1	55,000
		Food and Refreshments	14	16	5	1,600,000
		Venue	43	1	5	2,000,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	5	1,000,000
	Conduct joint supportive supervision with partners to regions on NCDs annually	**Supervision sessions**				**2,595,000**
		Per Diem - Domestic (DSA)	32	3	3	1,080,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	3	5	1,500,000
		Office Consumables (stationaries) - Participants	30	3	1	15,000
	Ensure regional and district supportive supervision tools include NCDs	Internal handling	92	1	1	0
	Develop technical progress reports: quarter, semi-annual and annual	Internal handling	92	1	1	0
	Conduct annual meeting with key stakeholders to review progress of implementation	**Meetings**				**6,800,000**
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Rent of Vehicles and Crafts	36	1	1	200,000
		Travel tickets - Domestic	41	4	2	640,000
	Conduct midterm and end term review of the strategic plan II	**Task team with a consultant**				**11,520,000**
		Consultancy Fees	10	1	10	4,720,000
		Per Diem - Domestic (DSA)	32	4	2	960,000
		Ground Travel (Bus, Railway, Taxi, etc)	17	36	1	3,600,000
		Office Consumables (stationaries) - Participants	30	40	1	200,000
		Food and Refreshments	14	40	1	800,000
		Venue	43	1	1	400,000
		Travel tickets - Domestic	41	4	2	640,000
		Rent of Vehicles and Crafts	36	1	1	200,000

5.8 Annex 8: People who contributed to the formulation of the National NCD Strategic and Action Plan 2016/17-2020/21

Name	Organization
Dr Bushiri Rajab	Amana Hospital
Mrs Salma Chingwile	Amana Hospital, Patient
Ms Berezy Makaranga	Association of Private Health Facilities in Tanzania
Tumaini A Kiyola	Association of Tanzania Employers
Dr Godwin Ndamugoba	Christian Social Services Commission
Ms Zohra Lukmanji	Consultant, Dietitian
Waziri Juma Ndonde	FIAT
Dr Delilah Chanes Kimambo	Heart Foundation of Tanzania
Ms Zubeda A Kondo	Home Affairs
Dr Theonest K Mutabigwa	Hubert Kairuki Memorial University
Mary Mwangome	Ifakara Health Institute
Masuma Mamdani	Ifakara Health Institute
Dr Mwanaisha Nyamkara	Independent Consultant
Dr Evaristo Lupumbwe	Iringa Regional Referral Hospital
Dr Nyasatu Chamba	Kilimanjaro Christian Medical Centre
Dr John Edes	Korogwe District Hospital
Dr Praxeda Swai	Medical Association of Tanzania
Samson Marwa	Medical Stores Department
Dr Belinda Balandya	Medical Women Association of Tanzania
Dr Frank Masao	Mental Health Association of Tanzania
Dr David Johns Pwele	Ministry of Communications, Science and Technology
Upendo Sianga	Ministry of Communications, Science and Technology
Dr Ahadiel Senkoro	Ministry of Health, Community Development, Gender, Elderly and Children
Alex Sawe	Ministry of Health, Community Development, Gender, Elderly and Children
Alice J Mwandu	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Anna Nswilla	Ministry of Health, Community Development, Gender, Elderly and Children
Anne Sekiete	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Auson Rwehumbiza	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Ayoub R Magimba	Ministry of Health, Community Development, Gender, Elderly and Children

Name	Organization
Beatreice Fungamo	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Beatrice Mushi	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Bernadetha Shilio	Ministry of Health, Community Development, Gender, Elderly and Children
Catherine Sungura	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Damali Simba	Ministry of Health, Community Development, Gender, Elderly and Children
David Edward	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Fausta Mosha	Ministry of Health, Community Development, Gender, Elderly and Children
Ms Grace Roy Moshi	Ministry of Health, Community Development, Gender, Elderly and Children
Jamila Hamudu	Ministry of Health, Community Development, Gender, Elderly and Children
Josephine Bernard	Ministry of Health, Community Development, Gender, Elderly and Children
Justo Mwandelile	Ministry of Health, Community Development, Gender, Elderly and Children
Kuki Tarimo	Ministry of Health, Community Development, Gender, Elderly and Children
Mr Moses Shaba	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Nkundwe Mwakyusa	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Norman Sabuni	Ministry of Health, Community Development, Gender, Elderly and Children
Nyamate Mageni	Ministry of Health, Community Development, Gender, Elderly and Children
Peter Mabwe	Ministry of Health, Community Development, Gender, Elderly and Children
Rudia Magoma	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Rukia Ali	Ministry of Health, Community Development, Gender, Elderly and Children
Shadrack Buswelu	Ministry of Health, Community Development, Gender, Elderly and Children
Dr Vida Mmbaga	Ministry of Health, Community Development, Gender, Elderly and Children

Name	Organization
Witness E Tella	Ministry of Health, Community Development, Gender, Elderly and Children
Frank Ngoda	Ministry of Industry and Trade
Eliachim Y Mahenge	Mji mwema Health Centre, Songea
Dr Kayuni G	MLFD
Ephron P Sanga	MOCLA
Stephen Pancras	MOHA
Sabas A Mhina	MOLE
Dr Sitileyila Kibayasi	Mt Meru Regional Hospital, Arusha
Mr Deus T Kajuna	Muhimbili National Hospital
Dr Elisha Osati	Muhimbili National Hospital
Dr Kigocha Okeng'o	Muhimbili National Hospital
Dr Linda Ezekiel	Muhimbili National Hospital
Ms Matilda Mgemela Mrina	Muhimbili National Hospital
Mrs Marie Msellemu Riwa	Muhimbili National Hospital, Patient
Dr Fredirick L Mashili	Muhimbili University of Health and Allied Sciences
Dr Nurdin Mavura	Mwananyamala Hospital
Gibson B Kagaruki	National Institute for Medical Research
Dr Mary Mayige	National Institute for Medical Research
Dr Onesmo A Kisanga	Nephrology Society of Tanzania
Dr Crispin Kahesa	Ocean Road Cancer Institute
Prof Twalib Ngoma	Ocean Road Cancer Institute
Dr Liggyle Vumilia	OCS -TM
Dr Monica Appollo	Paediatric Association of Tanzania
Anna Temu	Pharmacy Council of Tanzania
Ruth Kanoni Nkuza	Shinyanga Regional Hospital
Dr Deogratius Soka	Sickle Cell Foundation of Tanzania
Mr Emmanuel Kandusi	Tanzania 50 Plus
Benjamin N M Nkonya	Tanzania Association of Managers and Owners of Non-government Schools and Colleges
Dr Digna Riwa	Tanzania Association of Respiratory Diseases
Dr Hedwiga Francis Swai	Tanzania Association of Respiratory Diseases
Dr Meshack Shimwela	Tanzania Association of Respiratory Diseases
Mr Richard Silumbe	Tanzania Association of Respiratory Diseases
Ms Keziah Rhobi Makoro	Tanzania Breast Cancer Foundation
Dr Julius Mwaiselage	Tanzania Cancer Association
Dr Germana Lyimo	Tanzania Dental Association
Dr Rachel Mhavile	Tanzania Dental Association
Dr Andrew M Swai	Tanzania Diabetes Association

Name	Organization
Beatrice Mhango	Tanzania Diabetes Association
Herieth Nganga	Tanzania Diabetes Association
John Gardner	Tanzania Diabetes Association
Dr Kaushik Ramaiya	Tanzania Diabetes Association
Lilian Mkwawa	Tanzania Diabetes Association
Mary Mosha	Tanzania Diabetes Association
Pendo Merengo	Tanzania Diabetes Association
Mr Ramadhan Mongi	Tanzania Diabetes Association
Sophie Ilondo	Tanzania Diabetes Association
Mr Zacharia Ngoma	Tanzania Diabetes Association
Adeline Munuo	Tanzania Food and Nutrition Centre
Happy Nchimbi	Tanzania NCD Alliance
Dr Tatizo Waane	Tanzania NCD Alliance
Lena M Mfalila	Tanzania Nursing and Midwifery Council
Dr Diwani Bakari Msemo	Tanzania Palliative Care Association
Dr Bertha T Maegga	Tanzania Public Health Association
Erick G Moshi	Tanzania Public Health Association
Dr Faustin Njau	Tanzania Public Health Association
Dr Mashombo Mkamba	Tanzania Public Health Association
Dr Deogratias Soka	Tanzania Sickle Cell Foundation
Dr Julie Makani	Tanzania Sickle Cell Foundation
Ms Lutgard Koku Kagaruki	Tanzania Tobacco Control Forum
Suma Mwaitenda	Tanzania Tobacco Control Forum
Mwasiti Omari	TNBC
Dr Cyprian Ntomoka	TOS
Dr Stanley Mlay	Ulanga District Council
Dr Bwijo Bwijo	United Nations Development Program
Dr Sara Maongezi	WAMA Foundation
Dr Alphoncina Nanai	World Health Organization